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Revised annexes to the medium term strategic plan**

Annex I: **Results framework by focus areas**

Annex II: **Part 1: Integrated monitoring and evaluation framework**

Part 2: Key performance indicators

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Annex I: Results framework by focus areas

Focus area 1: Young child survival and development

Strategic intent – Countries acquire the capacities and systems to ensure the right of the child to survival, growth and development and to achieve the highest attainable standards of health.

Priority goals – Millennium Development Goal (MDG) 1: Eradicate extreme poverty and hunger (Target 1.C, Indicator 1.8: Prevalence of underweight children under five years of age); MDG 4: Reduce child mortality (Target 5.A: Reduce under-five mortality rate [U5MR] by two thirds between 1990 and 2015); MDG 5: Improve maternal health (Target 6.A: Reduce maternal mortality ratio [MMR] by three quarters between 1990 and 2015); MDG 6: Combat HIV/AIDS, malaria and other diseases (Target 6.C: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases); MDG 7: Ensure environmental sustainability (Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation).

Related goals and commitments – MDG 3: Promote gender equality and empower women (Target 3.A: Eliminate gender disparity in primary and secondary education); MDG 8: Develop a global partnership for development (Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries; Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications); Convention on the Rights of the Child (CRC): Articles 6 and 24; *A World Fit for Children* (Goal 1: Promoting healthy lives).

Key result area 1: Support national capacity to achieve MDG 1 by improving child nutrition through improved practices and enhanced access to commodities and services

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. More infants and young children receive appropriate complementary feeding.	1.1. Proportion of infants aged 6-8* months who receive complementary foods (disaggregated by breastfeeding status, gender and wealth quintile).	• Advocacy and technical support for development of national policies and guidelines on complementary feeding and early childhood care and development. • Research to identify social, cultural, economic and other motivational determinants for behaviour change. • Gender sensitive communication for behaviour change programmes. • Provision of commodities or support for development of national supply capacities on nutritional supplements for emergencies; moderate and severe	All programme countries, with special emphasis on those with high levels of malnutrition, micronutrient deficiencies and anaemia. Focus at the subnational level in countries with high disparities.

* This indicator was previously calculated for children aged 6-9 months. The new global recommendation, expected to be adopted in the second half of 2008, calls for the indicator to be calculated for children aged 6-8 months.

2. Effective micronutrient supplementation and targeted fortification programmes for young children are scaled up.	2.1. Number of countries with targeted programmes for prevention of anemia in children aged 6–23 months with iron or iron-containing multi-micronutrient supplements or food products.	malnutrition; and for eliminating micronutrient deficiencies. • Advocacy and technical support for development of appropriate food fortification legislations and for monitoring their enforcement and relevant programmes. • Community-level assessment, analysis and action processes ('triple A') on infant and young child feeding (IYCF) practices, and support systems and networks to establish community-based support for exclusive breast feeding, complementary feeding practices that include counseling. • Parenting programmes on appropriate feeding, psychosocial and cognitive development for children, with attention to newborns and children up to 3 years. • Increase exposure to early learning and psychosocial care through home visits; parenting/women support groups; integrated health; early childhood development (ECD) and nutrition materials; and promoting men's role in child care. • Design and conduct studies on the impact of responsive feeding on child survival, growth and development (CSGD). • Inclusion of psychosocial care into growth monitoring and promotion programmes. • Support partners to implement large-scale communication campaigns around food fortification, including iron supplements.	
3. Food and condiment fortification programmes for key micronutrients reach more than 80% of households.	3.1. Proportion of households consuming adequately iodized salt (disaggregated by wealth quintile).		

Key result area 2: Support national capacity to achieve MDGs 4 and 5 through increased coverage of integrated packages of services, improved practices and an enhanced policy environment			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
4. Increase and sustain coverage of high-impact preventive and outreach interventions for women girls and boys, using integrated campaigns, Child Health Days (CHD) and other mechanisms combining health, nutrition, ECD and water, sanitation and hygiene education (WASH) interventions.	4.1. Proportion of one-year-olds immunized against measles. 4.2. Proportion of one-year-olds who received 3 doses of combined diphtheria/pertussis/ tetanus vaccine (DPT3). 4.3. Proportion of one-year-olds who received 3 doses of Hib vaccine. 4.4. Proportion of children aged 6–59 months fully covered with 2 doses of vitamin A in the last year.	• Strengthen immunization services for polio, measles and maternal and neonatal tetanus and for introduction or expansion of coverage of new or underutilized vaccines that can reduce under-five mortality significantly. • Polio eradication efforts, including vaccine procurement, national immunization days, advocacy and resource leveraging. • Technical support for sector plans and budgets that are data- and outcome-driven; address major supply/demand bottlenecks; ensure civil society participation, especially of women and youth organizations. • Monitoring, disease and nutritional surveillance and surveys. • Data-driven and evidence-based advocacy. • Gender-sensitive communication for behaviour change programmes. • Promotion of birth-spacing. • Improve capacity for social marketing to improve household WASH practices and for water treatment products. • Strengthen Integrated Management of Childhood Illness (IMCI). • Strengthen community case management of diarrhea, pneumonia, fever and malaria. • Support scaling-up of cotrimoxazole prophylaxis for children exposed to HIV. • In partnership with the World Health	All countries with high U5MR and MMR at national and subnational levels, with a particular focus on 68 'countdown' priority countries. Focus will be at subnational levels in other countries with high levels of child- and maternal mortality and poor coverage for health services among children and women.
5. Ensure remaining polio-endemic countries become polio-free and any outbreaks are rapidly controlled.	5.1. Number of polio-endemic countries.		
6. Increase coverage and quality of clinical services, including for pneumonia, malaria, diarrhoea and acute malnutrition, for women, girls and boys, at facility and community levels, by strengthening health systems; supporting social and behaviour change; and making services more accountable to users by implementing	6.1. Proportion of children aged 0–59 months with suspected pneumonia: (a) taken to an appropriate health provider or (b) receiving antibiotics (disaggregated by gender and wealth). 6.2. Proportion of children aged 6–59 months with severe acute malnutrition that were admitted to a therapeutic feeding programme, in the community or in a health facility, in the last year (disaggregated by gender and wealth).		

community-based quality assurance systems.	6.3. Proportion of children aged 0–59 months with diarrhea receiving the recommended oral rehydration treatment [ORT] (disaggregated by gender and wealth). 6.4. Proportion of children aged 0–59 months with fever in the last 2 weeks receiving anti-malarial treatment (disaggregated by gender, residence and wealth).	Organization (WHO) and the United Nations Population Fund (UNFPA), support scale-up of basic and comprehensive emergency obstetric care (EmOC). • Support scaling-up of prevention of mother-to-child transmission of AIDS (PMTCT). • Support scaling-up of anti-retroviral treatment and treatment of opportunistic infections of women (including during pregnancy) and for children infected by HIV/AIDS. • Support linkages to primary prevention of HIV, particularly for adolescent girls. • Community-based care and support of HIV/AIDS-affected children, ensuring involvement of both men and women. • Support commodity and logistic assessments for CSGD at national and subnational levels. • Procurement, supply and distribution of essential commodities for scaling-up health, nutrition and WASH interventions. • Support early screening and diagnosis for childhood disabilities. • Support multi-sectoral adolescent health programmes. • Contribute to evidence base on equity and on scaling-up of integrated packages at the community level for reduction of maternal- and under-five mortality. • Contribute to evidence base on urban health, nutrition and water programming.	
7. Increase coverage and quality of maternal and newborn intervention packages, including maternal and neonatal tetanus immunization, early childhood development, antenatal care, skilled birth attendance and emergency obstetric care, by strengthening health systems; supporting social and behaviour change; and making services more accountable to users by implementing community-based quality assurance systems.	7.1. Proportion of births, attended by skilled health personnel (disaggregated by wealth quintiles). 7.2. Number of countries with iron-folate or micronutrient supplementation programs for prevention of iron-folate deficiency in pregnant and lactating women. 7.3. Proportion of women aged 15–49 years who were attended at least once during pregnancy by a skilled health provider (disaggregated by wealth quintiles). 7.4. Proportion of newborns and new mothers, who received a check-up by a trained or skilled provider within 2 days of delivery* (disaggregated by wealth quintiles).		

	7.5. Number of countries that have not eliminated maternal and neonatal tetanus.	• Support analysis of health systems bottlenecks.	
8. Increase by at least 50% the families and communities utilizing appropriate care and feeding practices and key WASH behaviours (using toilets, hand - washing with soap and home drinking water treatment) for CSGD, through social and behavior change approaches.	8.1. Proportion of infants aged 0–5 months who are exclusively breastfed (disaggregated by gender and wealth). 8.2. Proportion of newborn infants put to the breast within 1 hour of birth (disaggregated by gender and wealth quintiles). 8.3. Number of programme countries with additional development plans that include targets for scaling up improved family and community care for mother and child health, nutrition, and psychosocial and cognitive well-being. 8.4. Number of country programmes that have conducted gender analysis to identify gaps and challenges in family and community care. 8.5. Number of programme countries with national behaviour change communication programmes that promote correct and sustained hand washing with soap. 8.6. Proportion of the population using an appropriate water	• Parenting programmes on effective care seeking, and psychosocial and cognitive development for children with attention to newborns and children up to 3 years. • Promote use of parenting materials and curriculum of pre-primary education that encourage hand washing with soap and toilet use from a young age. • Child injury prevention (particularly focusing on accidents and drowning) through parental/community education and prompt primary care injuries (in countries where this is a significant cause of death). • Increase exposure to early learning and psychosocial care through home visits, parenting/women support groups, integrated health, ECD and nutrition materials, and promoting men's role in child care • Capacity building of outreach workers on maternal and newborn care. • Advocacy and technical support for national sector plans and budgets that are data- and outcome-driven, to improve family care practices, with special attention to gender roles. • Strengthen national plans and policies for achieving national targets for water and sanitation that meet or exceed MDG 7.C, reflecting equity concerns. • Analyse national budgets and expenditure, including trends.	

	treatment method (boiling, filtering or chemical treatment).	• Study and document cost-benefit/effectiveness of WASH interventions. • Participate in the development and operation of sector-wide approaches (SWAps) in health, nutrition and WASH. • Facilitate and enhance effectiveness of country-level aid coordination mechanisms. • Increase harmonization and alignment in areas of inter-agency collaboration. • Promote national health impact assessments of climate change and integrate climate considerations into technical advice on planning and performance of health sector. • Advocacy for increased resources for maternal, newborn, and child health, nutrition and WASH programmes. • Support to development of country investment cases for achieving MDGs 1, 4, 5, 6 and 7. • Leverage resources for maternal- and under-five mortality reduction, WASH and nutrition, in partnership with national governments, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Global Alliance for Vaccines and Immunization (GAVI), UNITAID and other global funds. • Provide support for inter-agency 'Health 8' process.	
9. Increase to at least 80% the proportion of young children and pregnant women sleeping under an insecticide-treated mosquito net (ITN) and receiving appropriate anti-malarial drugs for treatment and prevention in all malaria-endemic districts.	9.1. Proportion of children aged 0–59 months who slept under an ITN the previous night (disaggregated by gender, residence and wealth).		
10. Increase the number of sectoral policies that support maternal, newborn and CSGD (health, nutrition, ECD and WASH).	10.1. Number of countries with legislation or provisions based on the international code of marketing of breast milk substitutes. 10.2. Number of programme countries that have discrete budget lines for sanitation and hygiene. 10.3. Number of countries with policies supporting community treatment of pneumonia with antibiotics.		
11. Ensure that poverty reduction strategy papers (PRSP), national budgets, United Nations Development Assistance Frameworks (UNDAF), government	11.1. Government expenditure on health, nutrition and WASH as a proportion of total government expenditure.		

* Note that neither the definition nor the data collection of this indicator has been standardized to date. However, a standardized international indicator is expected to be announced by fall 2008.

sectoral policies, plans and budgets (in health, nutrition, WASH and ECD) are evidence-based and support high-impact, measurable and synergistic interventions to achieve the MDGs.			

Key result area 3: Support national capacity to achieve MDG 7 (Target 7. C) by increasing access to and sustainable use of improved water sources and sanitation facilities

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
12. In all programme countries, scale up water and sanitation services in a sustainable and equitable fashion.	12.1. Proportion of the population using an improved drinking water source (disaggregated by residence). 12.2. Proportion of the population using an improved sanitation facility (disaggregated by residence). 12.3. Proportion of the population using a drinking water supply source from which one water collection round trip takes more than 30 minutes (disaggregated by wealth).	• Promote and support demand-led, community-led approaches in total sanitation. • In cooperation with key partners, promote and support water supply and sanitation services for low-income rural and peri-urban communities, schools, health posts and clinics. • Operationalize demand-responsive approaches to water supply, with increased emphasis on equity and sustainability. • Promote water safety on a national scale through promotion of household water treatment and safe storage. • With other partners, contribute to the elimination of dracunculiasis. • Strengthen and use the evidence base for WASH. • Build capacity at local, intermediate and national levels for WASH. • Study impact of water and sanitation, including climate-induced water stress on gender. • Analyse the impact of climate change on water resources, including ground water and	Comprehensive package in 60 WASH priority countries. In all programme countries, basic package of hygiene improvements, water safety, monitoring and emergency preparedness.

		rain water, and its programmatic implications. • Integrate climate risk into policies on water and sanitation sectors and promote inclusion of water and sanitation interventions in national plans and other national climate strategies. • Promote cost-effective borehole drilling, including manual drilling where appropriate. • Ensure sustainability of hand pump technology, including improving hand pump procurement and spare parts supply chains. • With WHO, manage and improve the Joint Monitoring Programme for water supply and sanitation to monitor and report on progress on the indicators of MDG 7, Target 7.C. • Strengthen national sector capacities for using monitoring in policy development, planning and resource allocation, including climate risk assessments highlighting worsening water availability and access constraints.	

Key result area 4: In declared emergencies, every child is covered with life-saving interventions (as per UNICEF Core Commitments for Children in Emergencies (CCCs)

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
13. In declared emergency situations, CCCs for young child health, nutrition and water, sanitation and hygiene fully implemented and overall cluster response planned and executed, in close coordination and collaboration with national and local authorities, and in accordance with the	13.1. Proportion of emergencies with rapid assessment of the situation of children and women conducted and monitoring and reporting systems operational within 2 weeks of onset. 13.2. Proportion of declared emergencies where CCCs for health, nutrition, water and sanitation and hygiene are fully implemented. 13.3. Proportion of declared	• Technical support for integrating communication for behaviour change in emergency preparedness and response. • Rapid assessment. • Coordinate for life-saving public health interventions in support of children and women and for the provision of infant feeding and nutrition rehabilitation services for children. • Interventions in the first six to eight weeks as specified in CCCs, such as immunization; training and social mobilization; vitamin A supplementation and micronutrient supplies; essential drugs; emergency health kits; ORT;	Manmade and natural disasters in all programme countries. Declared emergencies, as a part of the United Nations (UN) system, based on sectoral leadership.

principles for humanitarian action and the provisions of international humanitarian law.	emergencies where sectoral coordination and support obligations are met, including for cluster leadership, where cluster system is implemented.	• emergency shelter and family kits; and child and maternal feeding. • Interventions beyond initial response include establishment of essential health care services; home-based management of childhood illnesses; immunization; and other interventions related to health, nutrition, water and sanitation.	

Key partnerships

Governments: In all cases (except possibly acute emergencies and civil strife), UNICEF will exert every effort to strengthen and support national authorities in carrying out child survival and development activities and building capacities to sustain these functions in an equitable way. Bilateral development agencies of donor countries are also key partners.

United Nations system: WHO has a recognized global policy-setting, normative and coordination role in public health; collaborates with UNICEF, the Office of the UN High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP) in emergencies; partners with UNICEF and others in the global maternal, newborn and child health partnership and with UNICEF on water quality and dracunculiasis eradication, together with the Carter Center, and the World Bank. WFP and UNICEF have increasingly complementary roles in emergency settings and provision of nutrition and food-based guidance. On maternal mortality reduction, UNICEF supports services for antenatal care, community-based delivery and newborn care, and plays a supportive role in joint programmes with WHO and UNFPA to increase coverage of EmOC. UNICEF collaborates with the World Bank on provision of technical support for improved planning and budgeting processes, especially at the central level, and in many joint initiatives. These include the Consultative Group for Early Childhood Care and Development (World Bank, UNESCO, WHO and international NGOs), UN-Water (a coordination group of 24 United Nations agencies involved in water and sanitation), and the Joint Monitoring Programme for Water Supply and Sanitation (UNICEF and WHO).

Global alliances: GAVI; Roll Back Malaria; Tropical Diseases Research (UNICEF, UNDP, WHO, World Bank); UNAIDS; Global Alliance for Nutrition (GAIN); the Flour Fortification Initiative.

International NGOs: Médecins sans frontiers; the Micronutrient Initiative; International Council for the Control of Iodine Deficiency Disorders (ICCIDD); the Network for Sustained Elimination of Iodine Deficiency (the IDD Network); Helen Keller International; Oxfam; World Alliance for Breastfeeding Action (WABA); International Baby Food Action Network (IBFAN).

Academia: Universities and research institutions are partners in regional and national capacity building, and collaborate on ideas, pilot interventions and testing for efficacy and effectiveness, to be scaled-up at country level, often with support of UNICEF. Partners include the Water and Sanitation Programme of the London School of Hygiene and Tropical Medicine; Water Engineering Development Centre (Loughborough University, United Kingdom); the International Water and Sanitation Centre (Netherlands); Water Supply and Sanitation Collaborative Council; the United States Centers for Disease Control and Prevention (CDC).

Private sector/foundations: Major partners include Unilever; Procter & Gamble; Bill and Melinda Gates Foundation; Rotary International; Skat Foundation; and United Nations Foundation.

National partners: National and local governments, NGOs, civil society organizations and, community groups.

Focus area 2: Basic education and gender equality

Strategic intent – Governments, communities and parents acquire the capacities and support necessary to fulfil their obligation to ensure the right of all children to free, compulsory quality education.

Priority goal – MDG 2: Achieve universal primary education. (Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling).

Related goals and commitments – MDGs 3 and 8; CRC Articles 28, 29; *A World Fit for Children* (Goal 2: Providing Quality Education). Education for All (EFA) Dakar Goals, except for adult literacy).

Key result area 1: Support national capacity to improve children's developmental readiness to start primary school on time, especially for marginalized children

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. Increase to 20%, by 2015, the proportion of countries with appropriate policy, legislation and budget allocations aimed at universal school readiness.	1.1. Net intake rate for primary education. 1.2. Proportion of countries with universal school readiness policy. 1.3. Proportion of children starting school at the prescribed age increased, by at least 60% of the gap[1], to achieve 80% by 2011.	• Establish and maintain community-based early childhood care and education for children aged 3–6 years. • Parenting education and support, particularly for children affected by HIV/AIDS, disabilities and other special needs. • Encourage 'child-to-child' activities and behaviour change communication approaches as part of school readiness in communities. • Support developmental readiness interventions, including appropriate health, hygiene promotion, nutrition and other early interventions with primary school. • Develop and support national standards and assessment tools to monitor school and developmental readiness in ECD programmes. • Address gaps in service delivery for ECD and education through links with service providers reaching children under six years. • Advocate and support governments and partners on policy, legislation and increased investments to achieve universal school readiness.	All regions. Least developed countries (LDCs); middle-income countries. Countries identified as facing particular challenges by the report to the Committee on the Rights of the Child. Countries with high HIV-prevalence. All EFA-Fast Track Initiative (EFA-FTI) countries, including candidate ones.
2. Increase number of countries with quality standards for monitoring school readiness as a component of developmental school readiness from 53 to 80.	2.1. Number of countries with quality national standards and assessment tools for monitoring school readiness.		

[1] Using 2005 levels.

Key result area 2: Support national capacity to reduce gender and other disparities in relation to increased access and completion of quality basic education			
Organizational Target	*Indicators*	*Areas of cooperation*	*Coverage focus*
3. Reduce proportion of primary-school-aged children who are out of school by at least 60%.	3.1. Net enrolment rate and net attendance rate for primary and secondary schools (disaggregated by gender). 3.2. Number of countries that have abolished school fees for primary education (increased from 10 in 2007 to 15 in 2011).	• Global and national advocacy for free and compulsory education. • Identify, assess and analyse barriers, disparities and opportunities in basic education, through data collection and disparity analysis for access, progression, completion and learning achievement. • Support learning opportunities and reduction of discrimination against children who are out-of-school, HIV- and AIDS-affected, child labourers, late-starters, girls and children with disabilities. • Address learning needs of adolescents, including overaged students in primary schools, with particular attention to gender, indigenous and other population groups, through formal and non-formal options and establishment of equivalencies. • Support provision/equitable distribution of learning/teaching materials for education. • Support teacher education for post-primary education. • Social mobilization and behaviour change communication. • Lead United Nations Girls' Education Initiative (UNGEI). • Support EFA objectives through engagement with SWAps, the Poverty Reduction Strategy (PRS), EFA-FTI and national budget analyses. • In the area of post-primary education, assess potential to address issues of curriculum; certification and equivalences; teacher education; quality of learning environments; and monitoring learning achievement.	All regions. Particular efforts in countries with low enrolment, high gender gaps and high disparities; countries affected by HIV and AIDS; LDCs; and countries with low birth registration.
4. Increase transition rates for girls and boys in primary to secondary education, with a focus on disadvantaged children, in order to achieve universal (100%) transition rate by 2015.	4.1. Transition rate of girls and boys from primary education to secondary education		
5. Improve the gender parity index in primary and secondary education, to be on course for achieving full parity by 2015.	5.1. Gender parity index (at primary and secondary levels)[2]. 5.2. Number Of programme countries with education sector plans that aim to reduce gender and other disparities by 2011.		

[2] Based on net rates

Key result area 3: Support national capacity to improve educational quality and increase school retention, completion and achievement rates			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
6. Increase proportion of grade 1 cohorts (especially girls) who reach at least the last grade of primary school to 90% over the period.	6.1. Survival rate (cohort flow) to the last grade of primary school.	• Support campaigns to prevent and reduce school drop-out. • Support national policies and laws for re-entry of young mothers into education, and as a means for preventing child labour and child marriage. • Improve physical health, cognitive development and learning readiness of children (through school meals, anaemia and IDD reduction). • Promote standards for 'child-friendly' architecture, equipment and design. • Support safe water supply, gender-segregated toilet facilities and hygiene education for primary schools. • Encourage teaching/learning processes to ease transition from home to school. • Support child-centred learning for knowledge, skills, attitudes, values and behavioural change (rights, peace, democracy, management of 'risk behaviour'). • Support gender-sensitive and age-appropriate LSBE for children in school and out of school, with focus on HIV-AIDS prevention. • Improve education access and environment for children with disabilities. • Support inclusive pedagogy for 'slow' and 'gifted' learners; accelerated learning for overaged learners. • Monitor changes in social norms around violence (such as corporal punishment, bullying and gender-based violence). • Establish baselines and develop models	All regions and all programme countries, with a focus on LDCs; countries with low-enrolment rates and high gender gaps; and countries with a generalized HIV/AIDS epidemic. Some 54 countries with a generalized HIV/AIDS epidemic, particularly the 9 hyperendemic countries in Southern Africa.
7. Increase by 60% the number of programme countries with national quality standards for primary education based on 'child-friendly schools' (CFS) or similar models.	7.1. Number of programme countries adopting quality standards for primary education, based on CFS or similar models. 7.2. Number of programme countries with education sector plans that address issues of children affected by HIV and AIDS by 2011. 7.3. Number of countries undertaking gender audits of education sector plans (increase from 10 in 2008 to 40 by 2011). 7.4. Number of countries with policy and enforcement procedures against corporal punishment in schools. 7.5. Number of countries with environmental education or climate change adaptation plans integrated into national curricula. 7.6. Proportion of primary schools with adequate water supply and sanitation facilities for girls and boys (in 60 WASH priority countries).		

8. Promote locally based assessment services and support development of national standards for numeracy, literacy and life skills-based education (LSBE).	8.1. Proportion of learners attaining the national standards in numeracy, literacy and LSBE.	to make schools violence-free including through use of communication for behaviour change strategies. • Develop monitoring and evaluation (M&E) frameworks to assess changes in attitudes and behaviour toward violence in schools. • Build capacities of teachers and their support networks, with attention to gender issues and status, rights and duties of teachers. • Build capacities of learners and parents, as well as community, to participate in school governance and management. • Support codes of ethics for teachers' trust-building with communities, to strengthen safety and security of children. • Monitor orphan school attendance in countries most affected by HIV and AIDS pandemic. • Promote modern technological skills (especially information and communication technology [ICT]) and appropriate teaching methods. • Support education decentralization and capacity building. • Monitor in 30 countries implementation of formal LSBE curricula and the application of quality standards. • Measure and monitor learning achievements.	

Key result area 4: Restore education after emergencies and in post-crisis situations			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
9. Fully implement CCCs for early learning and education in declared emergencies, including cluster accountability and preparedness.	9.1. Estimated number of children reached in declared emergencies with education interventions. 9.2. Number of countries with education cluster coordination mechanisms.	• Conduct needs assessments at all stages of emergencies, transition and post-crisis reconstruction. • Set up safe (temporary) learning spaces with minimal infrastructure to ensure resumption of schooling. • Provide education and recreation kits, basic learning and ECD materials. • Conduct Back-to-School campaigns to rapidly enroll and resume basic education after rapid-onset emergencies, in chronic crises, transition and post-crisis contexts. • Promote resumption of formal schooling, as well as alternative non-formal options, and support reconstruction of education systems. • Support LSBE integrating issues, such as conflict resolution; peace education; hygiene; HIV/AIDS; prevention of sexual exploitation and abuse. • Co-lead education cluster coordination mechanisms. • Promote and support departments of education on emergency preparedness planning, development of appropriate policies, including disaster risk reduction (DRR). • Promote standards for safe and child-friendly schools as part of DRR, and post-crisis reconstruction. • Test new and innovative approaches to improve quality of education response in emergency and post-crisis contexts.	All countries affected by emergency, post-crisis and transition situations.
10. In emergency and post-crisis situations, children benefit from scaled-up UNICEF-facilitated education supplies (School-in-a-Box or other appropriate supply packages and ECD materials).	10.1. Number of affected children who benefited from UNICEF-facilitated emergency education supplies. 10.2. Number of children aged 3–8 years who benefited from UNICEF-procured ECD materials.		

Key partnerships

Key results area 1: Bilateral development agencies of donor countries are key partners; UNAIDS, UNESCO, WFP, World Bank; regional development banks; research organizations; HIV/AIDS organizations; Consultative Group for Early Child Care and Development; Association for the Development of Education in Africa (ADEA), Bernard van Leer Foundation, Child-to-Child Foundation, World Organization for Early Childhood Education (OMEP), World Education Forum.

Key results areas 2 and 3: Within 3-axis partnership framework (UNGEI, EFA, FTI): ILO; UNAIDS; UNESCO Institute for Statistics; UNFPA; WFP; World Bank; UNEP; regional development banks; NGOs; community-based organizations (CBOs), including faith-based groups; teachers' organizations.

Key results area 4: Humanitarian assistance agencies and development partners (UN Office for the Coordination of Humanitarian Affairs [OCHA], UNDP; UNHCR, WFP, ILO; UNESCO, NGOs, CBOs) and networks (including Inter-Agency Network for Education in Emergencies [INEE], Inter-Agency Standing Committee [IASC]); HIV/AIDS partners, UN Development Operations Coordination Office, Executive Committee on Humanitarian Affairs (ECHA), Executive Committee on Peace and Security (ECPS), UN peace-keeping missions; World Bank, regional development banks, Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD/DAC); the private sector.

Focus area 3: HIV/AIDS and children

Strategic intent – To put young children and adolescents at the centre of the HIV/AIDS agenda and build the capacities of Governments to halt and begin to reverse the spread of HIV/AIDS among children up to the age of 18 years.

Priority goal – MDG 6: Combat HIV/AIDS (Target 6.A: Halt by 2015 and begin to reverse the spread of HIV/AIDS).

Related goals and commitments – MDGs 1, 2, 3, 4 and 5; *A World Fit for Children* (Goal 4: Combating HIV/AIDS).

Key result area 1: Reduce the number of paediatric HIV infections; increase the proportion of HIV-positive women receiving antiretroviral drugs (ARVs); increase the proportion of children receiving treatment for HIV/AIDS

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. Number of new paediatric infections reduced by at least 40%[3].	4.1. Proportion of HIV-positive children.	• Support national efforts to coordinate and implement accelerated expansion of coverage, sustained uptake and improved efficiency of interventions in PMTCT programmes. • Access of HIV-positive mothers to care, support and treatment through 'PMTCT-plus' services and child-care points. • Gender-sensitive behaviour and social change communication to strengthen demand for services, including treatment preparedness and literacy. • Integration of PMTCT and paediatric treatment interventions into the Integrated Maternal, Newborn and Child, Health (IMNCH), child survival programmes and national health systems. • Improve access by children living with HIV/AIDS to quality care, support and treatment. • Improve access to and management of drug and diagnostic supplies, paediatric formulations and early infant diagnosis. • Advocate lower prices for polymerase chain reaction test kits for HIV diagnosis and for paediatric formulations. • Improve access to emerging technology for early infant diagnosis.	Priority to 54 countries with generalized epidemics (prevalence > 1% in the general population); and in countries with concentrated epidemics. Support will also be provided through procurement services.
2. At least 80% of HIV-positive pregnant women receive ARVs for PMTCT.	2.1. Proportion of HIV-positive pregnant women receiving ARVs for PMTCT.		
3. Ensure that the ratio of adults receiving ARVs matches the gender distribution of the epidemic.	3.1. Proportion of HIV-infected women receiving ARV treatment for their own health.		
4. At least 80% of children in need receive ARVs.	4.1. Proportion of HIV infected children receiving ART (subcomponent of MDG Indicator 6.5).		

[3] UNAIDS 2004 baseline: 640,000.

Key result area 2: Support national capacity to increase the proportion of children orphaned or made vulnerable by

Organizational target	Indicators	Areas of cooperation	Coverage focus
5. In high prevalence countries, increase to at least 30% the proportion of vulnerable children whose households received external care and support from non-family sources that supplement existing family-based activities.	5.1. Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years (MDG indicator 6.4). 5.2. In high prevalence countries, proportion of vulnerable children whose households received external support.	• Scaled-up actions to strengthen capacity of duty-bearers to care for, support and protect children orphaned or made vulnerable by HIV/AIDS; prolong parents' lives and improve their livelihoods, including development of gender-sensitive norms and standards. • Promote successful innovations to provide essential services to children affected and orphaned by HIV/AIDS, disseminate lessons learned, and expand knowledge and evidence based programming. • Support use of the National Policy and Planning Effort Index for Orphans and Vulnerable Children. • Support efforts (through bilateral support, PRS, SWAps and global funds) to finance and support national partners in implementing national plans and responses for children affected by AIDS.	Priority to 54 countries currently with generalized epidemics.

Key result area 3: Support reduction of adolescent risk and vulnerability to HIV/AIDS by increasing access to and use of gender-sensitive prevention information, skills and services

Organizational target	Indicators	Areas of cooperation	Coverage focus
6. In all countries, support the development and implementation of national comprehensive prevention strategies for adolescents most at risk and those especially vulnerable.	6.1. Number of programme countries with comprehensive HIV/AIDS prevention strategies for adolescents most at risk.	• Evidence-based advocacy for legislative measures, policy instruments and strategies for programmes on children, adolescents and HIV/AIDS, with special attention to vulnerabilities of young women and girls and the roles of men and adolescent boys. • Advocacy, communication and social mobilization to promote a protective and enabling environment and strengthen measures to prevent or reduce stigma and discrimination; vulnerabilities associated with high-risk behaviour; gender inequalities; gender-based violence and gender stereotyping.	Strategies will be region- and country-specific and responsive to the stage of the epidemic and to the programmatic and financial contribution of other partners.
7. In countries with adult prevalence above 5%, at least 60% of adolescents, in school and out of school, have correct	7.1. Proportion of males and females aged 15–24 years (with sub-analysis for 15–19 year-olds) with comprehensive correct knowledge of		

information and relevant skills and services to reduce their risk and vulnerability to HIV.	HIV/AIDS (MDG indicator 6.3). 7.2. Proportion of males and females aged 15–19 who had sex before the age of 15. 7.3. Proportion of young women and men aged 15–24 who had sexual intercourse with more than one partner in the last 12 months. 7.4. Proportion of young women and men aged 15–24 who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse (MDG indicator 6.2).	• Interventions to facilitate participation of adolescents, including those especially vulnerable and marginalized, in HIV prevention forums and activities. • In collaboration with partners, support national and sub-national programmes to provide age-relevant, gender-sensitive sexual and reproductive health information, skills and services, to reduce child and adolescent risk and vulnerability to HIV. • Support balanced and comprehensive prevention strategies, which promote abstinence, faithfulness, partner reduction and consistent condom use through school- and community-based life skills interventions; peer education and outreach; 'adolescent-friendly' health services; voluntary and confidential counseling and testing; outreach and referral; mass media and interpersonal communication interventions. All of these provide relevant information and education on sexuality, reproductive health, parenthood, substance abuse, the prevention and treatment of sexually transmitted infections (STIs), as well as other evidence-based measures to reduce adolescent risk and vulnerability to HIV infection; also support provision of post-rape care and post-exposure prophylaxis in emergency situations in countries with generalized epidemics. • Age- and sex-disaggregated assessment and analysis of risks and vulnerabilities to HIV infection of adolescent girls and boys aged 10–18 years in countries with emerging or generalized epidemics. • Increase awareness by UNICEF and partner organizations of the *IASC Guidelines for HIV/AIDS Interventions in Emergency Settings*, and build their capacities to implement programmatic responses to HIV/AIDS in emergencies. • Help national governments develop and implement a male circumcision programme as	
8. In all countries, at least 30% of adolescents aged 10–18 years, in school and out of school, have correct information and relevant skills and services to reduce HIV risk and vulnerability.	8.1. HIV prevalence among young women aged 15–24 at antenatal clinics.		
9. In all emergency-affected countries, HIV risk and vulnerability to be included in rapid assessments and, where relevant, programme responses.	9.1. Number Of programme countries affected by emergencies with HIV risk and vulnerability included in rapid assessments.		

		part of a comprehensive messaging and prevention strategy. • Increase access to adolescent-friendly services and transmission prevention strategies for HIV-positive adolescents.	

Key partnerships

Bilateral development agencies of donor countries are key partners. UNICEF will continue to play a strong role in country-level UN Theme Groups; joint programming on HIV/AIDS; and the roll-out of the 'Three Ones'[4]. UNICEF will strengthen its role in leveraging resources and results from the GFATM, the World Bank Multi-Country HIV/AIDS Programme for Africa, the United States President's Emergency Plan for AIDS Relief; PRS; SWAps; and bilateral agencies for national programmes on children and HIV/AIDS. Children and adolescents will become increasingly important partners in programming and implementation.

UNICEF places high priority on its role as a cosponsor of UNAIDS, the main partner for all key result areas, including ongoing interaction and collaboration with other cosponsors and the UNAIDS secretariat. *Inter-agency task teams and working groups on HIV/AIDS*: UNICEF will continue engagement in forums convened by UNFPA (Young People and HIV); UNESCO (Education); the UN Office on Drug and Crime [UNODC] (HIV Attributed to Injection Drug Use and Within Prison Settings); as well as those convened by UNICEF (PMTCT and Children and AIDS). These mechanisms help coordinate and harmonize the work of UNAIDS cosponsors and other leading players and address gaps in programme knowledge. *UNAIDS reference groups:* UNICEF will continue to play an active role in monitoring and evaluation as well as estimates and projection.

Global Campaign for Children and AIDS: Many UNICEF country and regional offices and headquarters divisions, as well as UNICEF National Committees, will play a major role in this campaign, which aims to mobilize a wide range of partners in raising additional resources to support countries in reaching children orphaned or made vulnerable by HIV/AIDS.

Other vital partnerships: Technical Support Group on HIV Prevention Planning; Global Youth Coalition on HIV/AIDS; and the Global Partners Forum on Children Affected by HIV and AIDS, convened by UNICEF and the World Bank.

[4] "Three Ones": One national plan, one coordinating mechanism and one monitoring and evaluation framework in each country.

Focus area 4: Child protection from violence, exploitation and abuse

Strategic Intent – To place the protection of children from violence, exploitation and abuse more prominently on the development and humanitarian agendas of Governments, and make the protective environment more effective for all children.

Priority goal – The Millennium Declaration (especially Section VI).

Related goals and commitments – MDGs 1, 6, and 8; CRC and its Optional Protocols; Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and Beijing Declaration and Platform of Action; Protocol to Prevent, Suppress and Punish Trafficking in Persons; ILO Conventions 138 and 182; *A World Fit for Children* (Goal 3: Protecting against abuse, exploitation and violence); Stockholm Declaration and Agenda for Action and Yokohama Global Commitment; Geneva Conventions and Additional Protocols; the Rome Statute of the International Criminal Court; United Nations Standard Minimum Rules for the Administration of Juvenile Justice; Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction.

Key result area 1: Better national laws, policies, regulations and services across sectors to improve child protection outcomes, in particular justice for children, social protection systems, and services in place to protect, reach and serve all children, notably those identified as vulnerable to harm, marginalized, or in contact with the law

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. At least 60 programme countries have identified areas requiring strengthening in the national child protection systems through mapping[5].	1.1. Number of countries where areas requiring strengthening in national child protection systems have been identified through mapping of these systems.	• Mapping child protection systems. • Establishment of diversion, alternatives to deprivation of liberty and restorative justice programmes. • Capacity development for child-friendly justice systems. • Support legal and policy reform for incorporating child justice standards. • Institutional capacity building of law enforcement, justice and social welfare institutions for improved justice for children. • Child justice in transition situations. • Development, capacity building and support for community, NGO or government-targeted social safety nets aimed at reducing child vulnerability. • Support for community-based social services and communication approaches for reducing vulnerability and stigmatization of at-risk children and families.	All Programme countries.
2. Increase number of countries with improved systems of justice for children, including in transition situations.	2.1. Number of countries that use child-friendly and gender-appropriate investigation and court procedures. 2.2. Number of countries where children's issues are integrated into rule of law and internal security work, in line with the		

[5] Mapping: identifying services, service providers and legal or regulatory frameworks that are or need to be in place to prevent and respond to violence, abuse, exploitation and unnecessary separation from family.

	UN common approach to justice for children.	• Support legal/policy development and capacity building to improve practices in alternative care and protection of children and women from property dispossession and other forms of discrimination. • Care and support for children with disabilities to ensure full access to services, helping them reach full potential without stigma or discrimination. • Reduce stigma, discrimination through advocacy and sharing of lessons learned and best practices. • Legal and policy reform addressing violence against children. • Support registration, tracing, interim care, psychosocial support and reunion for separated and unaccompanied children in emergencies. • Capacity building of social work/social welfare sector to enhance availability and quality of gender-appropriate services and psychosocial support for vulnerable children and families. • Advocacy and capacity building for improved birth registration, especially of vulnerable groups.	
3. At least 60 programme countries, including emergency-affected countries, have improved systems, and implement programmes to prevent and respond to family separation.	3.1. Number and proportion of children not living with their parents. 3.2. Proportion of vulnerable children whose households receive free external support. 3.3. Number of countries that have policies on alternative care, in line with international standards/good practices. 3.4. Number of countries prohibiting violence against children by law. 3.5. Proportion of identified separated children in emergencies reunified or placed in family-based care arrangements.		
4. All programme countries with birth registration rates under 60% have administrative arrangements for free and universal birth registration.	4.1 Proportion of children under five years of age whose births have been registered.		

Key result area 2: Support development and implementation of social conventions, norms and values that favour the prevention of violence, exploitation, abuse and unnecessary separation for all children, whilst ensuring respect for their views and building on young people's resilience			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
5. Reduce social acceptance of practices harmful to children.	5.1. Number of countries that implement gender-sensitive programmes addressing social conventions and norms that contribute to violence, exploitation and abuse. 5.2. Proportion of children aged 2–14 years who experience physical punishment. 5.3. Proportion of women who believe a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him; (2) she neglects the children; (3) she argues with him; (4) she refuses sex with him; (5) she burns the food (facilitate reduction from 51% to 45% in developing countries). 5.4. Proportion of women aged 15–49 years who have been mutilated/cut (facilitate reduction from 36% to 32% in sub-Saharan Africa). 5.5. Proportion of women aged 20–24 years who were married or in a union before they were 18 (facilitate reduction from 34% to 30% in developing countries).	• Support advocacy, awareness and communication approaches to address social norms related to child sexual abuse, exploitation and trafficking. • Advocate and promote participation of children and young people including girls and young women to prevent and monitor harmful practices and to develop support groups to tackle abuse, violence and exploitation. • Advocate for and support behaviour change communication to address intra-familial violence. • Advocate for and support behaviour change communication to prevent/address female genital cutting (FGC). • Support national capacity to develop policy and implement measures to delay child marriage in identified countries. • Support national capacity for gender-sensitive policies and effective measures against worst forms of child labour. • Support rehabilitation and social integration of girls and boys removed from worst forms of child labour, via free basic education or alternative education. • Strengthen corporate social responsibility for child protection.	All regions and countries in both industrialized and developing regions, as follow-up to the UN Secretary-General's Study on Violence against Children. Primarily in low- and lower-middle-income countries. Countries with high risk or prevalence of trafficking or sexual exploitation of children. Countries with significant female genital cutting or child marriage prevalence, including as a result of migration. Countries with high prevalence of worst forms of child labour.
6. All programme countries with significant child labour implement programmes to address the issue.	6.1. Proportion of children aged 5–14 years involved in child labour (facilitate reduction from 16% to 13% in developing countries).		

Key result area 3: Better protection of children from the immediate and long-term impact of armed conflict and natural disasters			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
7. Increased national capacity and preparation to address child protection in emergencies, including psychosocial support to children and families, as well as sexual and gender-based violence.	7.1. Number of countries that have incorporated child protection in emergency preparedness and response into national planning mechanisms. 7.2. Number of UNICEF country offices that supported training to government and non-government partners on child protection in emergencies, covering at minimum the child protection issues outlined in the CCCs. 7.3. Number of countries affected by emergencies that implement programmes to prevent and respond to sexual abuse and exploitation of children and women. 7.4. Number of countries affected by emergencies where an integrated psychosocial and mental health strategic plan is implemented, consistent with the IASC Guidelines on Mental Health and Psychosocial Support in Humanitarian Emergencies (MHPSS).	• Incorporate child protection in emergency preparedness and response into national planning mechanisms. • Advocate for and strengthen capacities to prevent sexual abuse and exploitation of children and women among military, humanitarian workers and others. • Strengthen advocacy and capacities to prevent and respond to sexual and gender-based violence in emergencies. • Child-friendly spaces and psychosocial support in emergencies. • Coordinate mine-risk education, advocate against the use of landmines and other indiscriminate weapons. • Prevent recruitment; facilitate release and reintegration of children, based on good practices.	All programme countries, including emergency-affected countries.
8. End the recruitment and use of children in armed conflict and	8.1. Number of conflict situations in which children are still being unlawfully[6] recruited or used by		

[6] Unlawful recruitment is "recruitment against commitments made in the Optional Protocol on the involvement of children in armed conflict or other relevant applicable commitment".

ensure their effective release and reintegration, taking into account gender-based differences in the situation of boys and girls.	armed forces or armed groups in apparent breach of international law.		

Key result area 4: Government decisions influenced by increased awareness of child protection rights and improved monitoring, data and analysis on child protection

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
9. At least 75 countries incorporate disaggregated baseline data on child protection indicators in national development plans and reports to the Committee on the Rights of the Child.	9.1. Number of country programmes that have (a) sex disaggregated data on child protection indicators for all age groups, including baselines; (b) institutional or administrative sources of data on child protection indicators. 9.2. Number of countries that include disaggregated child protection data in national development plans. 9.3. Number of countries that include disaggregated child protection data in their national reports to the Committee on the Rights of the Child.	• Routine and systematic data collection and analysis on key child protection indicators through national data collection systems. • Develop information systems and situation analyses on child protection. • Promote reporting on key indicators to policy makers, regional and international monitoring mechanisms and general public. • Child protection in national and sub-national plans and reports. • Strengthen capacities of UNICEF staff and partners (including children and adolescents) to conduct analysis and apply data and research on child protection. • Conduct rapid assessment of protection issues related to children and women in emergencies. • Facilitate or strengthen monitoring mechanisms through the Government and civil society in emergencies and regular situations, and advocate against, and report and communicate on, abuse, violence and exploitation.	LDCs, low- and middle-income countries and industrialized countries for some indicators. Emergency-affected countries. On monitoring and reporting, particularly countries affected by armed conflict.
10. Conflict-affected countries monitor and report on the protection of children.	10.1. Number of UNICEF offices in conflict-affected countries engaged in the monitoring and reporting mechanism on grave violations against children, in line with UN Security Council resolution 1612.		

Key Partnerships

National Systems Strengthening: Strategic partnerships will be built with UN agencies, country teams, international financial institutions and regional development banks to raise awareness of the linkages between child protection and positive development outcomes. At the global level, UNICEF will build on ongoing partnerships to develop a number of common positions: (a) children without parental care: through the Better Care Network and UNAIDS, among others; (b) justice issues: through ongoing inter-agency cooperation with the UN Rule of Law Coordination and Resource Group and the Inter-Agency Coordination Panel on Juvenile Justice. At the regional and country levels, UNICEF will seek partnerships with UN agencies, particularly UNODC on juvenile justice and UNDP on access to justice and informal justice systems; (c) legislative reform: through work primarily with the Inter-Parliamentary Union (IPU) and regional inter-parliamentary conferences. Opportunities to interact with national parliaments on child protection will be used for advocacy; (d) birth registration: through work with UNFPA, UN Statistics Division, World Bank, Bill and Melinda Gates Foundation, Plan International and World Vision. Support from the World Bank, UNDP, WFP, regional banks and key bilateral donors will be sought to improve resource allocations and help build capacities of ministries of social welfare and related institutions. At regional and country level, UNICEF will strengthen partnerships with UNODC for joint efforts in the area of bilateral, multilateral or sub-regional agreements on cross-border trafficking. On child labour, UNICEF partners with ILO and the World Bank (within the framework of Understanding Children's Work) in joint advocacy in favour of ratification of international instruments and action plans and implementation of strategies.

Supportive Social Consensus: At the global level, UNICEF will continue working with issue-based partnerships and networks with UN agencies, international NGOs, foundations, international financial institutions and CSOs. These include: (a) the Inter-Agency Group on Violence against Children, comprising UNICEF, Office of the High Commissioner for Human Rights (OHCHR), WHO, ILO and NGO Advisory Group members; (b) the International Society for Prevention of Child Abuse and Neglect (ISPCAN) network members; (c) the International Action Network on Small Arms (IANSA), members of the armed violence prevention and reduction initiatives (WHO, UNDP, UNODC, UNICEF, OECD-DAC, Viva Rio, IPU, Parliamentarians for Global Action, European Union, African Union), stakeholders in the implementation of the UN Programme of Action to Prevent, Combat and Eradicate the Illicit Trade in Small Arms and Light Weapons in All Its Aspects; (d) Donors Working Group on FGM/C (comprising UNICEF, UNFIP, UNFPA, WHO, European Commission, World Bank, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), Finland, Italy, Swedish International Development Cooperation Agency (SIDA), the Department for International Development (DFID) of the United Kingdom, United States Agency for International Development (USAID), Ford Foundation, Public Welfare Foundation, the Wallace Global Fund), UNFPA, Inter-Agency Group on FGM/C (comprising UNICEF, WHO, UNFPA, UNHCR, Human Rights Council, UNESCO, UN Economic Commission for Africa). At regional level, UNICEF will work with networks developed during the UN Study on Violence against Children consultation processes, in follow-up to the Study's recommendations. Political and religious leaders will be partners in promoting attitude change and supporting youth associations/groups, women's associations, professional associations and faith-based organizations for social mobilization. Civil society and human rights organizations, regional and national human rights mechanisms, intellectual leaders and the media will be partners in breaking the silence, raising awareness and influencing public opinion.

Emergencies: UNICEF will work primarily with UN agencies and international NGOs at the global level, through inter-agency mechanisms, to prepare joint guidelines and resource materials on various child protection issues. These include: (a) the Protection Cluster (Sub-Cluster on Child Protection comprises UNICEF, UNHCR, OHCHR, International Committee of the Red Cross (ICRC) [as observer], International Organization for Migration (IOM), Save the Children Alliance, Innocenti Research Centre (IRC), Terre des hommes foundation (TDH), Christian Children Fund (CCF), World Vision, Women's Commission for Refugee Women and Children); (b) the IASC task forces on HIV in

humanitarian situations, on mental health and psychosocial support in emergency settings, and on gender-based violence; (c) the Cluster Munition Coalition (CMC); (d) Coalition to Stop the Use of Child Soldiers; (e) Inter-Agency Coordination Group on Mine Action, International Campaign to Ban Landmines; (f) UN Action against Sexual Violence in Conflict; (g) Multi-Country Demobilization and Reintegration Program Trust Fund (MDRP).

Evidence Building and Knowledge Management: Partners in strengthening data collection and systems will include UN agencies (UNODC, ILO, UNFPA, WHO, UN Statistics Division), the World Bank, CDC and research institutions. At regional and national levels, UNICEF will work primarily with regional organizations, national statistical offices, ministries of social welfare and research institutions.

Convening and catalyzing agents of change: Child protection interventions will build on partnerships with UN agencies, international financial institutions, national Governments, civil society, the private sector and faith-based communities. Building on the success of individual partnerships and initiatives, such as the Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism, a broader dialogue with the private sector will be pursued. Efforts will go towards encouraging corporate social responsibility for child protection goals in both industrialized and developing countries, and in emergencies.

Focus area 5: Policy advocacy and partnerships for children's rights

Strategic intent – Governments, CSOs, parliamentarians and other partners at the national and international levels work together to develop and implement social and economic policies, legislative measures and budgetary allocations that advance the realization of children's and women's rights and gender equality.

Primary goal – CRC, particularly Articles 2 (emphasis on non-discrimination); 4 (States parties commit to undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the Convention); 12 (the child who is capable of expressing his or her own views shall have the right and be accorded the opportunity to express them freely); and 42 (principles and provisions of the Convention are to be made widely known to children and adults alike).

Related goals and commitments – MDGs 1 and 8; CEDAW, particularly Article 2 (defining the principle of discrimination, and complementing Article 2 of the Convention on the Rights of the Child); the Millennium Declaration, especially paragraphs I.2 (recognizing "a collective responsibility to uphold principles of human dignity, equality and equity at the global level [and] … a duty to all the world's people, especially the most vulnerable, and in particular the children of the world…"); III.20. (resolving to "promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable"); and V.25 (ensuring governance processes that allow for genuine participation by all citizens, including children…and young people); CRC, particularly Articles 13 (right to freedom of expression); 15 (right to freedom of association); and 17 (right to access information and to the media) in relation to the promotion of child participation.

Key result area 1: Support national capacity to collect and analyse strategic information on the situation of children and women

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. Support the compilation of up-to-date data, information and knowledge on children and women.	1.1. Number of countries supporting DevInfo or comparable tools for monitoring and reporting on data relevant to children.	• Support monitoring of Millennium Declaration and MDGs. • Develop tools and support capacities in national statistical agencies for sex- and age-disaggregated data collection, routine information systems, opinion polls and other monitoring and reporting systems on children's and women's rights. • Support analysis of data trends and disparities among women and children, including those with disabilities, at country, regional and global levels. • Support knowledge acquisition, management, access, sharing and use; promote knowledge culture in UNICEF.	All countries and regions, including industrialized countries for some indicators.
2. Support the disaggregation of data, to reflect existing disparities and to focus on marginalized populations.	2.1. Number of programme countries with national household survey data, collected within preceding 5 years, covering at least 70% of set of key indicators, and based on established variables for disaggregation.		
3. With partners, using improved internal	3.1. Number of UNICEF country offices with knowledge management		

knowledge management systems, establish knowledge banks facilitating access to data on children and women.	systems developed and in use (including internet and intranet sites, access to external databases, access to e-journals, library and records management systems).	• Facilitate consultations at local and national levels, involving children and women, to develop reports to the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women. • Support MICS, children's modules in DHS, census and other data collection systems. • Support dissemination of aggregated and disaggregated data on women and children, including those with disabilities. • Further develop, update and disseminate DevInfo databases with national partners and the UN system, including an emergencies module. • Support development and use of national databases for monitoring CRC/CEDAW and PRSs. • Produce reports using data and analyses at national, regional and global levels to help identify gaps for budgeting, programming and achievement of the MDGs and the Millennium Declaration.	
4. Support timely national reporting on the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).	4.1. Number of UNICEF country offices supporting the most recent CRC and CEDAW reporting processes. 4.2. Proportion of country programme documents submitted to the Executive Board that make reference to concluding observations of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women, and that include activities to support their implementation.		

Key result area 2: Research and policy analysis on children and women, with special consideration of child poverty and disparities, social budgeting, social protection, decentralization, migration, and legislative reform for CRC/CEDAW implementation

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
5. With partners, generate and disseminate high-quality research and analysis, addressing the implications of international policy frameworks, national legislation and public policies for the rights of women and children.	5.1. Number of countries with regularly updated situation analyses of the realization of child and women's rights and of the impacts of policies on children and women. 5.2. Number of UNICEF country offices and regional offices carrying out national or multi-country thematic analyses (poverty/disparities, social protection, social budgeting,	• Support and contribute to global and regional analyses, national plans, reporting on CRC/CEDAW and related policy frameworks. • Support to national emergency preparedness and response plans which integrate children's and women's issues. • Support comprehensive research and analysis of the realization of children's and women's rights; vulnerability analysis; causes of underlying trends and disparities (including gender) at various levels of duty-bearers.	All countries and regions, including industrialized countries for some themes.

	decentralization, migration, legal reforms and economic or humanitarian crises affecting MDG outcomes), using a human rights and gender analysis framework. 5.3. Number of countries with State/CSO jointly-managed budget analysis and monitoring systems to promote improved resource allocations for the progressive realization of children's and women's rights, and for the promotion of gender equality. 5.4. Number of global thematic studies and reports (including *The State of the World's Children*, IRC reports).	• Identify knowledge gaps, undertake/support research and develop position papers and publications on themes and emerging issues of concern (with emphasis on marginalized children, the poorest families and conflict prevention and response). • Support partners to analyze impacts on children, women and gender equality of current and proposed policies, budgets and legislative and administrative reforms. • Identify and develop policy/legislative options and recommendations, based on human rights principles, comparative analysis of public policy, as well as national, regional and global best practices. • Prepare periodic syntheses, studies and public advocacy reports, including *The State of the World's Children*. • Build capacities, including within UNICEF, for research and policy analysis relevant to children and women; implement a knowledge management strategy to support this capacity.	Selected countries in all regions and globally. Global and regional levels; progressive development in all countries.

Key result area 3: Policy advocacy, dialogue and leveraging			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
6. Leverage knowledge and resources for children and gender equality through policy advocacy and dialogue with key decision makers at all levels, with participation of young people, in partnership with other concerned agencies and organizations. Based on the evidence and analysis generated,	6.1. Number of countries carrying out reforms for children and women at the macro level (legislative, policy or institutional environment). 6.2. Number of countries with PRS or national development or transition plans that address key challenges for children, women and gender equality.	• Provide evidence-gathering, research, analysis and international good practices (on children's and women's rights and gender equality) to international forums, and national planning, implementation and monitoring processes (including PRSs, SWAps and post-conflict transition plans). • Support to participatory policy advocacy networks to influence national, regional and global debates in order to promote attention to children and women and increase resource allocations.	All countries and regions, including industrialized countries.

promote improved resource allocations and enhanced investments for children.		• Develop national and civil society capacity for budget monitoring, and monitoring, reporting and communication on CRC and CEDAW. • Civic education and communication strategies to promote gender equality, peaceful resolution of conflict, democratic dialogue and respect for human rights.	
7. Increase awareness of child vulnerability to economic, social and environmental conditions, and promote various social protection measures (including income and non-income support) at the country level.	7.1. Number of references to the *State of the World's Children,* and number of times the word 'UNICEF' appears, in major policy journals. 7.2. Proportion of vulnerable children receiving free external support.		

Key Result Area 4: Enhanced participation by children and young people			
Organizational Target	*Indicators*	*Areas of cooperation*	*Coverage focus*
8. Enable partners to take the opinions and views of girls and boys into account – based on their evolving capacities – in all matters that affect their lives in policies and programmes.	8.1. Number of countries in which children's views are systematically sought (through opinion polls or other representative surveys; focus group discussions conducted with girls, boys and young people, especially in marginalized or high-risk situations) and disseminated.	• Solicit data/information from children and young people on issues affecting their lives. • Raise awareness and promote positive attitudes and practices in families, schools and communities on children's and adolescents' rights to participation, in accordance with their evolving capacities, including attention to ethical standards and processes and issues of gender equality. • Support the integration of children's participation as a regular feature in local institutions, with special focus on girls. • Promote opportunities for equitable participation of girls and boys and young people in design and implementation of policies, especially in poverty and crisis situations and addressing disability issues.	All countries and regions.
9. Promote positive and holistic adolescent development by enhancing the knowledge, skills and capacities of adolescent boys and girls, enabling a smooth transition from childhood to adulthood.	9.1. Number of countries with institutional mechanisms, at local, sub-national and national levels, for sustained engagement of children and young people in policy development or programme development.		

10. Enhance girls' and boys' civic engagement in community development for social change – with special attention to situations of conflict and crisis.	10.1. Number of countries with young peoples and civil society participation in policy review and recommendations. 10.2. Number of countries with programmes to promote positive adolescent development during transition to adulthood.		

Key Partnerships

Bilateral development agencies of donor countries are key partners. Within the context of the Common Country Assessment (CCA), UNDAF and national policies, UNICEF will support knowledge generation, as well as national and international debate and dialogue among a broad range of government and civil society partners on economic, social and cultural issues relevant to the realization of children's and women's rights, with a special focus on institutions and groups representing decision makers, as well as those who (a) influence public opinions and beliefs; (b) advise on economic and social policies and budgets; or (c) represent the voice of society, children and young people.

Partners at the national level include governmental agencies and institutions, parliamentarians, academic and research institutes, the media, NGOs, community-based professionals and CSOs, women's organizations (including children's and young people's networks), UNCTs and the World Bank.

Partners at the regional level include regional bodies, intergovernmental organizations, NGOs and research/policy networks.

At the international level, UNICEF will continue to work closely (and expand its partnerships) with other UN agencies, the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women, the World Bank and other international financial institutions, international NGOs, as well as policy, research and academic institutions in all regions.

Alliances will be strengthened with global movements and campaigns that aim to reduce poverty, promote social justice, gender equity and achievement of the MDGs and the Millennium Declaration.

Annex II

Part 1: Integrated monitoring and evaluation framework

Category	*Scope or time frame*	
Global reporting or monitoring efforts Special or recurrent reporting efforts that affect policies of UNICEF, Governments or other development partners. These require major resources.	**Support to State Parties or multilateral reports** 1. MDG reports *(periodic)*. 2. CRC reports *(periodic)*. 3. EFA monitoring *(periodic)*. 4. Reports on follow-up to Special Session on HIV/AIDS *(annual)*. 5. Countdown to 2015 Global report *(periodic)*. 6. PMTCT and Pediatric HIV Report Card *(periodic)*.	**UNICEF-led data collection or review efforts** 1. Data Companion to the Annual Report of the Executive Director *(annual)*. 2. Multiple Indicators Cluster Surveys *(2009-2010)*. 3. Review of MTSP *(2010)*. 4. Child Injury Prevention Report. 5. Global Study on Child Poverty.
Programmatic evaluations To determine if a programming strategy central to MTSP success has (a) an evidence basis of impact or (b) is being implemented with high levels of effectiveness. These use well-developed examples of UNICEF programming in a range of countries.	**2008-2009** 1. Immunization co-financing *(focus area 1)*. 2. Multiple micronutrient supplements — delivery strategies and impact on infectious diseases *(focus area 1)*. 3. Comprehensive and integrated follow-up of HIV-exposed infants after delivery *(focus areas 1 & 3)*. 4. Enhancing school readiness through child-to-child programmes *(focus area 2)*. 5. UNGEI partnerships — good practices *(focus area 2)*. 6. Evaluation of child-friendly schools strategy *(focus area 2)*. 7. Evaluation of education in emergencies and post-crisis transitions *(focus area 2)*. 8. Effectiveness of community-based ECD centres *(focus area 2)*. 9. Impact of linking social welfare services and cash transfers with school systems *(focus area 4)*. 10. Mine risk education impact evaluation *(focus area 4)*. 11. Strengthening national capacity development for humanitarian action *(cross-cutting)*.	**2010-2011** 1. Evaluation of the catalytic initiative *(focus area 1)*. 2. Integrated community case management of malaria, pneumonia, and diarrhoea *(focus area 1)*. 3. Treatment of acute malnutrition programmes *(focus area 1)*. 4. Impact evaluation of water supply, sanitation and hygiene programmes in the East Africa region *(focus area 1)*. 5. Evaluation of the school fee abolition initiative *(focus area 2)*. 6. Support to developing and Implementing Social Policies for ECD *(focus area 2)*. 7. Integration of PMTCT components into MNCH services in rural and urban settings *(focus areas 1 & 3)*. 8. Evaluation of fostering social and behavioural change related to HIV prevention in adolescents *(focus area 3)*. 9. Outcomes of cross-border anti-trafficking agreements *(focus area 4)*.

	12. Impact of UNICEF tsunami programming in affected countries *(cross-cutting)*.	10. Effectiveness of UNICEF work in policy advocacy and partnerships *(focus area 5)*. 11. Strengthening gender equality programming in humanitarian action *(cross-cutting)*.

Category	2008-2009	2010-2011
State of knowledge assessments Knowledge building efforts are important for developing effective future strategies. These will include rigorous efforts to assess lessons learned by other partners.	1. Patterns and policy implications of health inequalities *(focus area 1)*. 2. Cost-analysis of programmes for PMTCT *(focus areas 1 & 3)*. 3. Making budgets work for children *(focus area 5)*. 4. Civic engagement: new thinking and methodological innovation in social change approaches to development *(focus area 5)*. 5. Children's issues in urban environments: a global situation analysis *(cross-cutting)*.	1. How aligning pre-school and primary school grades 1-3 affects learning achievement *(focus area 2)*. 2. Economic returns of investment in quality basic education *(focus area 2)*. 3. Access to informal justice systems and implications for human rights and children's rights *(focus area 4)*. 4. Impact of global environmental change on children, and potential responses at all levels *(cross-cutting)*.
Corporate-level topical or operational effectiveness evaluations To determine if (a) the cross-cutting programming theme is successful or (b) the organization is internally efficient. These require a well developed set of examples from lengthy corporate engagement.	1. Institutional Options for DEVINFO. 2. UNICEF in Global Programme Partnerships. 3. UNICEF Corporate Partnerships.	1. Going to scale on the basis of pilot programmes. 2. UNICEF capacity strengthening for emergencies. 3. Organizational performance in human rights-based approach to programming.

Part 2: Key performance indicators

Key performance indicator	Baseline or latest	Target (2011 unless stated)
Human Resources		
% of recruitment actions (closing date on advertisement to date of offer letter) completed within 90 days for established IP posts.	33% (2007)	75%
% requests for surge capacity support (formal CO request to arrival of staff member in country) met within 56 days (in accordance with CCCs in emergencies).	65% (2007)	80%
% staff identifying themselves as satisfied with the UNICEF workplace, as per global staff survey.	Not available	80%
% PERs signed by required parties and closed by end of February the following year.	62% (2007)	90%
% of total staff costs (SB and RR) spent on learning and staff development.	1.4% (2004)	3%
% staff who spent at least 10 working days on planned learning.	36% (2004)	64 %
Number of staff successfully completing Basic, Programme Excellence (P.E.) and the Leadership and Management (L & M) Learning Programmes.	Basic 2310 (2007) P.E. 670 (2007) L & M 31 (2007)	400 per year 300 per year 150 per year
% women staff at P/L 5 levels and above, globally.	40% (2007)	50%
Finance		
Management/administration/programme support costs: total regular resources and other resources.	19.7% (2004)	17.5% (2009)
% allocated regular resources for programme expended at the end of each year.	91% (2004)	95% (2009 onwards)
% outstanding direct cast transfers to national partners above nine months.	8% (2004)	5% (2009 onwards)
Information and Communication Technology		
% increase in UNICEF staff productivity through use of modern Enterprise Content Management system.	Baseline to be set through third-party assessment at the end of 2008.	10% increase by 2011
% of emergencies wherein IT services requested are provided as per standards established in the proposed revision of CCCs in emergencies.	To be set in 2008	85%
% Service Level Agreement targets are met or exceeded.	To be set in 2009	At least 90% for each year
Supply		
% programme countries in which UNICEF supports national partners producing a plan to address shortages of essential commodities.	21 (2007)	At least 75% of LDCs
% programme countries with updated logistics capacity assessment.	TBD	At least 80% of LDCs

% orders delivered at port of entry at or within agreed target arrival dates.	55% (2006)	95%
% rapid response orders shipped within 48 hours of sales order release.	86% (2006)	95%
Programme Oversight		
% country offices with annually updated Emergency Preparedness and Response Plan.	81% (2004)	100%
% new CPDs approved by the Executive Board that meet organizational standards for application of human rights based approach.	TBD	75%
% new CPDs approved by the Executive Board that meet organizational standards for application of gender mainstreaming.	TBD	75%
% country programmes for which a gender review and self assessment undertaken.	< 5% (2004)	70%
% new CPDs approved by the Executive Board that meet organizational standards for results based management.	TBD	90%
% CPDs that include clearly articulated strategy for use of Communication for Development, with focus on behaviour and social change to achieve results for children.	TBD	100%
Knowledge management i) Number of lessons learned, vetted and accessed ii) Number of 'communities of practice' created as per established guidance.	TBD TBD	100 (2009) TBD
Number of documented cases of UNICEF support to South-South Cooperation.	TBD	TBD
Number of countries using UNICEF procurement services to procure supplies for children and their families.	approx. 100	
Programme funding		
% donor reports submitted on time.	62% (2004)	85%
Per-capita contribution to UNICEF compared with GNI per capita and level of regular resources (OECD/DAC and EU member states).	Comparative table	Comparative table
Income (millions of US $): Regular resources (RR) / Other resources-regular (OR-R) / Other resources-emergencies (OR-E).	2004: 791 / 796 / 391	As per financial plan
% of OR-R and OR-E that is thematic funding.		TBD
Fundraising (in US$ millions) by each thematic area.		TBD
UN Coherence		
% CPDs with results matrices aligned to UNDAF results matrix.		
Number of UNICEF staff serving as Resident Coordinator (M/F).	12 (2008)	
% programme funds expended on annual workplans that are jointly funded by at least one other UN agency.	5.3% (2007)	TBD

Risk Management Practices and Evaluations		
General compliance with Institute of Internal Auditors (IIA) standards based on periodic independent quality reviews of internal audit function.	Partial compliance (2007)	General Compliance (2009 onwards)
Number of offices/divisions with Audit recommendations outstanding for over 18 months.	TBC	
% complaints investigated and closed within six months.	TBC	100%
% Corporate evaluations with a formal management response.	80% (2006)	100%
% Evaluations rated as satisfactory or better using UN standards.	84% (2006)	90%

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Report on implementation of the "modified system for allocation of regular resources for programmes" approved by the Executive Board in 1997**

Summary

In its decision 2003/13, the Executive Board requested the secretariat to continue to review the "modified system for allocation of regular resources for programmes", approved by the Executive Board in 1997 and implemented in 1999, and to explore ways to contribute to the sustainability of the progress achieved, especially within the context of the medium-term strategic plan (MTSP).

This report informs the Board on lessons learned since 2003, proposes modifications to the current system for allocation of regular resources, and contains a draft recommendation for Executive Board approval.

* E/ICEF/2008/16.

** Submission of this document was delayed because of the need for internal consultation.

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I. Purpose

1. The present report informs the Executive Board of the progress and lessons learned since 2003 (E/ICEF/2003/P/L.21) in the application of the current regular resource (RR) allocation system approved by the Executive Board in 1997 (E/ICEF/1997/P/L.17) and implemented in 1999. It requests the Board to approve modifications to the current system in order to further strengthen and maintain UNICEF roles in:

(a) Enhancing national capacities to attain and monitor the rights of children;

(b) Promoting international standards affecting children;

(c) Providing impartial advisory support, based on international experience, technical expertise and good practice;

(d) Supporting countries of different per capita income levels in addressing disparities and other common issues affecting children, such as violence and marginalization.

II. Features of the current RR allocation system

2. The current RR allocation system was adopted to:

(a) Give progressively higher priority to the children in low-income countries, in particular least developed countries (60 per cent of RR) and those of sub-Saharan Africa (50 per cent of RR);

(b) Enable UNICEF to continue to fulfil its mandate as the United Nations lead agency for children, advocating and protecting children's rights, and ensuring high-quality policy and guidance;

(c) Ensure the allocation of regular resources sufficient to strengthen the effective implementation of programmes in the respective countries; and

(d) Accommodate evolving needs and special circumstances of children through an appropriate degree of flexibility.

3. In order to expedite progress towards the sustainable achievement of the above key objectives, the Executive Board in 1997 decided that the main features of the allocation system should be the following:

(a) At least two thirds of RR for programmes will be allocated on the basis of three core criteria: under-five mortality rate (U5MR); gross national product (GNP) per capita; and child population;

(b) Each country with a UNICEF-supported country programme shall receive an allocation on the basis of the three core criteria and the refined weighting system shown in Annex I of document E/ICEF/1997/P/L.17;

(c) Each country with a UNICEF-supported country programme shall receive a minimum allocation of $600,000 for core programming. This amount will be maintained when regular resources levels increase or remain constant;

(d) The minimum allocation will be used exclusively for programme assistance;

(e) None of the least developed countries (LDCs) is to receive an allocation below its calculated level under the then current system;

(f) Abrupt changes in country allocations shall be avoided by limiting them to a maximum of 10 per cent, compared to the previous year's level, whenever there is a significant reduction;

(g) Countries that reach the combined threshold of a GNP per capita above $2,895 and a U5MR of less than 30 deaths per 1,000 live births shall gradually be phased out of the allocation of regular resources for programme assistance;

(h) Countries covered by the three multi-country programmes (Eastern Caribbean; Pacific Islands; and Area Programme for Palestinian children and women) shall continue to receive a combined lump sum sufficient for viable and effective programmes;

(i) Seven per cent of the annual RR for programmes should be set aside for flexible allocation by the Executive Director in support of country programmes to, inter alia:

(i) Encourage excellence in the quality of performance in one or more of the areas of work and priorities of UNICEF;

(ii) Provide flexibility to respond to emerging opportunities;

(iii) Avoid sudden changes in the level of RR allocation to individual countries.

III. Report on implementation

4. The implementation period 1999–2003 was reported on in Executive Board document E/ICEF/2003/P/L.21. Since the publication of that report, the major results and developments arising from implementation of the modified allocation system include the following:

(a) The level of regular resources available for allocation to country programmes has increased, from $346 million in 2004 to $631 million in 2008.

(b) Progressively higher allocations were made, in absolute and proportional terms, to the children of low-income countries, in particular those in the LDCs and sub-Saharan Africa.

(c) The target allocation of 50 per cent of RR to sub-Saharan African countries was reached in 2004. The target allocation of 60 per cent of regular resources to LDCs was reached in 2007. Annex 1 shows the evolution of allocations related to these targets over the past five years.

(d) The allocation system reflects a rights-based approach, and has ensured the continued ability of UNICEF to advocate children's rights while targeting RR to the neediest and most disadvantaged children. This is evidenced by a rapid increase in the amount of regular resources allocated to LDCs and sub-Saharan African countries and by the maintenance of UNICEF cooperation through regular resources with some 147 countries, including through three multi-country programmes.

(e) The use of the 7 per cent of regular resources set-aside has provided flexibility for both responding to opportunities for children and encouraging

programme excellence with respect to the focus areas of the MTSP 2006–2009. This flexibility has supported, inter alia:

(i) Evidence-based analysis as a contribution to national policy formulation, supported by improved data collection;

(ii) Better integration of the delivery of essential services, critical service interventions and measures for the protection of children;

(iii) More effective partnerships, which have helped to leverage results for children;

(iv) Effective preparedness for emergencies and response to post-crisis transition and to new developments, such as the rapid rise in food prices;

(v) Innovative programming, often leading to scale-up by national authorities;

(f) The allocation of regular resources over and above the minimum allocation of $600,000 available for country programmes, based on the three core criteria. The core criteria have favoured countries with high under-five mortality rates and low-income countries with high child populations. At the same time, any year-to-year decreases in country allocations have been limited, to prevent abrupt changes and disruptions of ongoing programmes.

IV. Links with the medium-term strategic plan 2006-2009

5. The MTSP 2006–2009 focuses the capacities of UNICEF and organizes its priorities to make a difference for children: supporting national and international efforts to implement the Millennium Declaration, achieve the Millennium Development Goals, and fulfil commitments for children, particularly those under the Convention on the Rights of the Child. UNICEF focuses in its work on partnerships and the achievement of results in the five MTSP focus areas: young child survival and development; basic education and gender equality; HIV/AIDS and children; child protection from violence, exploitation and abuse; and policy advocacy and partnerships for children's rights.

6. Regular resources are the foundation of UNICEF country programmes of cooperation. They enable UNICEF to support countries in delivering critical assistance to children and building national and local capacities to achieve and sustain results for children and their families. The MTSP underscores the importance of achieving results for and with children, using a human rights-based approach to advocacy and programming. The modified RR allocation system gives priority in UNICEF assistance to countries in which the rights of children are most at risk, as evidenced by high child mortality rates, low per capita incomes and the number of children in need.

V. Lessons learned and proposed changes

7. In line with the Executive Board decisions, UNICEF continues to review the situation of the countries near or at the established "graduation" level, where regular resource assistance would cease, as well as the level and types of engagement required for children in these countries. The present MTSP envisages a shift in the work of UNICEF: (a) towards supporting the development of national capacities for the achievement and monitoring of children's rights and related development goals and (b) towards supporting national efforts to formulate and strengthen national policies for children and women. During this MTSP period, concerns have increased regarding the extent of disparities in development indicators and their implications for children, in both LDCs and middle-income countries. It is also increasingly evident that many of the most common factors that threaten children's rights and create vulnerabilities among children, such as violence, marginalization and effects of migration, are not confined to low-income countries and regions alone.

8. The UNICEF mandate, its mission statement (E/ICEF/1996/AB/L.2 and decision 1996/1) and the MTSP emphasize the organization's normative role in supporting countries in their efforts to secure the rights of children (particularly in conformity with the Convention on the Rights of the Child), including the universal imperatives of supporting child survival, protection and development. UNICEF continues to have significant comparative advantages in convening partners for children, catalyzing analysis and action and facilitating dialogue across sectors on the multiple issues affecting children. Greater efforts need to be made to ensure effective intercountry learning from experience and development of the best available international practices for promoting children's rights and related goals. These factors underline the importance of UNICEF continuing cooperation in countries that are attaining middle-income status.

9. Based on these considerations and the continuing review of the implementation of the regular resource allocation system, it is proposed to adopt the international "high income country" threshold ($11,456 gross national income [GNI] per capita in 2007) as the graduation point for allocation of regular resources for country programmes, instead of the upper limit for lower middle-income countries ($3,705 GNI per capita in 2007). A minimum level of $600,000 would be allocated for UNICEF programme cooperation in all upper middle-income countries (GNI per capita range of $3,706 to $11,455 in 2007). Countries would become ineligible for allocations of regular resources if they maintain "high income country" status for two years in a row after achieving such status. In order to simplify the graduation threshold, the U5MR will not be used as a criterion in graduation from the allocation of regular resources.

10. The GNI per capita thresholds will be adjusted annually, as necessary, to remain consistent with the latest World Bank estimates.

11. The estimated country levels of U5MR will continue to be used as a factor in the regular resource allocation formula that determines the calculated share of each country beyond the minimum of $600,000, where applicable. In order to encourage the further reduction of U5MR worldwide, a "positive" weighting will continue to be applied in all countries for the U5MR.

12. These modifications to the system would: allow regular resource allocations for UNICEF country programme cooperation to follow internationally accepted

norms, with regular revisions as necessary; enable UNICEF to continue to assist countries in their efforts to monitor the situation of children and women (and highlight disparities in their status); support the organization's role in strengthening national capacities to realize the provisions of the Convention on the Rights of the Child and the various child-related targets of the Millennium Development Goals; assist in the development of lessons for future approaches to cooperation; and facilitate an extension of the transition period of programme cooperation with many countries, ensuring a smooth evolution of UNICEF engagement and presence.

13. In 2008, allocations for cooperation in upper middle-income countries amounted to 2 per cent of total RR allocations, or $13.9 million (see Annex 2). Innovative and effective options for cooperation modalities to further benefit the children of such countries will be pursued by the secretariat.

14. The secretariat will continue to monitor and review the implications for children of the implementation of the regular resource allocation system, including these modifications, and to advise the Executive Board of any issues arising from this ongoing review.

VI. Draft decision

15. Based on the implementation plan and the results achieved with the modified system for allocation of regular resources for programmes, it is recommended that the Executive Board adopt the following draft decision:

The Executive Board,

1. *Takes note* of the report on implementation of the "modified system for allocation of regular resources for programmes", as contained in document E/ICEF/2008/20, and endorses it;

2. *Decides* to maintain the system for allocation of regular resources for programmes of cooperation as endorsed by the Executive Board in its decision 1997/18, with the following modifications:

(a) Allocations of UNICEF regular resources for country programme cooperation, except for countries included in multi-country programmes, will continue until a country achieves "high income" status (based on World Bank current data and definitions) and maintains such status for two consecutive years after achieving it;

(b) UNICEF will continue to allocate a minimum annual level of at least $600,000 for programme cooperation for countries in the "upper middle-income" country category (based on World Bank current data and definitions), except in those countries otherwise included in the multi-country programmes;

3. *Requests* that progress and developments in the implementation of the regular resource allocation system continue to be monitored and reviewed, and looks forward to a report on implementation thereof at its second regular session of 2012.

Annex 1: Achievement of regular resources (RR) allocation targets

Figure 1: Approved allocation of regular resources (RR) by country grouping, 2004-2008

	2004	2005	2006	2007	2008
LDCs	53	57	57	61	65
SSA	52	54	54	55	62

•LDCs – Least developed countries
•SSA – Sub-Saharan Africa

Annex 2: Allocation of share of regular resources for programmes directly available for country levels, by region and country groupings

	Regular Resources 2004 (In millions of US$)	*Regular Resources 2004 (%)*	*Regular Resources 2008 (In millions of US$)*	*Regular Resources 2008 (%)*
RR programmable amount available	**392.50**	**100**	**728.57**	**100**
Of which (by region):				
Eastern and Southern Africa and West and Central Africa	174.84	51	385.33	61
Asia	111.55	32	169.20	27
Central and Eastern Europe and the Commonwealth of Independent States	16.72	5	18.36	3
Americas and the Caribbean	17.15	5	17.72	3
Middle East and North Africa	20.76	6	27.86	4
Multi-country fixed allocations	6.11	2	12.70	2
Share allocated directly to country level	**346.13**	**88**	**631.17**	**87**
Funds set-aside for flexibility	26.38	7	50.02	7
Emergency Programme Fund	5.00	1	30.00	4
Private Fundraising and Partnerships	2.50	1	3.00	0
Advocacy and programme development for headquarters and regional offices	12.50	3	14.38	2
Total RR programmable	**392.51**	**100**	**728.57**	**100**
Of which (by country grouping):				
Least developed countries	185.10	53	412.23	65
Sub-Saharan African countries	180.52	52	394.57	62
Low-income countries	285.53	82	536.44	85
Lower middle-income countries	54.61	16	80.79	13
Upper middle-income countries	6.18	2	13.94	2

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Report on the evaluation function and major evaluations in UNICEF**

Summary

This report has been prepared in accordance with the new evaluation policy (E/ICEF/2008/4) and Executive Board decision 2008/14. It provides baseline information on the current state of the evaluation function in UNICEF at country, regional and global levels and strategic orientations for its strengthening.

The report also contains a summary of major evaluations conducted at country, regional and global levels. The information on evaluations at the regional and country levels is based on reports prepared by the Regional Directors.

* E/ICEF/2008/16.
** Submission of this document was delayed because of the need for internal consultation.

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Introduction

1. The purpose of the evaluation function, as stated in the evaluation policy, is to ensure that UNICEF has timely, strategically focused and objective information on the performance of policies, programmes and initiatives to produce better results for children and women. It fosters institutional learning and strengthens evidence-based decision-making and advocacy, transparency, coherence and effectiveness.

2. The evaluation function of UNICEF is decentralized. Most of the organization's evaluation work is carried out at the country level, with regional offices providing oversight and support for evaluations undertaken by the country offices. Regional offices also conduct thematic evaluations related to their regional strategies and organize multi-country evaluations. Headquarters undertakes evaluations relating to their areas of responsibility, with support from the Evaluation Office. The Evaluation Office provides functional leadership and systemic management of the evaluation system. In addition, it conducts independent evaluations, mostly at the global level, and also undertakes joint evaluations in partnership with the United Nations system, together with programme countries and donor countries, and with other partners.

3. This report describes the evaluation function within the context of the UNICEF medium-term strategic plan (MTSP) for 2006-2009 (E/ICEF/2005/11). The MTSP indicates that UNICEF will focus on six main areas in strengthening its evaluation function:

(a) National capacity-building and strengthened national leadership in country-level evaluations;

(b) Strengthened evaluation within the United Nations system and with other partners;

(c) Evaluation in humanitarian crises;

(d) Evaluations related to MTSP focus areas, strategies and operational effectiveness;

(e) Strengthened organizational capacity in evaluation;

(f) Heightened management attention to the evaluation function.

4. Annex II of the MTSP contains the Integrated Monitoring and Evaluation Framework (IMEF), which details various evaluative exercises required to assess UNICEF performance against the MTSP. The IMEF is currently being reviewed as part of the midterm review of the MTSP 2006-2009.

5. The present report is structured as follows: Section I describes main developments during the past year that are related to the priority areas for the strengthening of the evaluation function as described in the MTSP. Section II presents the current state of the evaluation function in UNICEF in terms of trends in the allocation of human and financial resources and the evolution of the quantity and quality of evaluations. Section III indicates measures to strengthen the evaluation function at country and regional levels and at headquarters. Section IV presents findings and recommendations of major evaluations undertaken in the different regions and by the Evaluation Office during the past year, and, wherever possible, includes management responses to these findings and recommendations.

I. Evaluation within the context of the UNICEF medium-term strategic plan 2006-2009

6. UNICEF continues to assume a lead role in evaluating capacity-building at country and regional levels and in supporting national leadership in country-level evaluations. UNICEF has led the development and delivery of training programmes and courses organized through the United Nations Evaluation Group (UNEG) that specifically benefited both United Nations staff and national evaluators in programme countries. As in the past, UNICEF partnered with regional and national evaluation associations for various activities on evaluation capacity development.[1]

7. Good examples of strengthened national leadership in country-level evaluations are the joint country-led evaluation of child-focused policies in the social protection sector in Bosnia and Herzegovina and the country programme evaluation conducted in Ecuador. UNICEF also actively contributes to the preparation of the country-led evaluation, to be implemented in 2008, of the role and contribution of the United Nations system for South Africa. Since 2007, UNICEF has played a major coordinating role in the evaluability assessments conducted by UNEG of the Delivering as One country pilots.

8. UNICEF continues to actively contribute to the work of UNEG in several other ways. Building on the adoption of norms and standards for evaluation in 2005, UNICEF plays a leading role in a number of task forces aiming to professionalize the evaluation function in the United Nations system, e.g., through the development of professional standards, codes of conduct and guidelines for evaluators and by conducting peer reviews. Training courses are being developed, in cooperation with the United Nations System Staff College (UNSSC), for evaluators in UNICEF, the United Nations system and among national counterparts.

9. As far as evaluation in humanitarian crises is concerned, a major contribution of UNICEF has been the development of standards and guidelines for real-time evaluations, with a view to improve emergency preparedness and response. This activity was implemented in close cooperation with the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) and the Inter-Agency Standing Committee (IASC). Inter-agency real-time evaluations have been conducted in Mozambique, Niger and Pakistan. UNICEF also plays a major role in the coordination of the evaluation of humanitarian reform instruments, such as the Central Emergency Response Fund (CERF) and the cluster approach.

10. The programmatic evaluations and research projects included in the Integrated Monitoring and Evaluation Framework (IMEF), scheduled for 2006-2007, have largely been completed or are currently under implementation.[2] A number of additional major evaluations were conducted by the Evaluation Office on the corporate performance in gender mainstreaming, on the supply function and on the human resource management in UNICEF. Concerning programmes that are part of the response to the Indian Ocean tsunami, there have been syntheses of lessons learned, based on country and regional evaluations conducted in 2005-2006. A review of lessons learned from construction programmes supported by UNICEF in

[1] Details are provided in section III of this report.

[2] See annex I.

tsunami-affected areas is currently under way. A series of impact evaluations have been initiated for Indonesia, Maldives and Sri Lanka.

II. Current state of the evaluation function in UNICEF

A. Trends in the allocation of human and financial resources

Monitoring and evaluation staff

11. The 2006 report on the evaluation function presented to the Executive Board noted major increases over a 2002 baseline in the numbers of professional monitoring and evaluation staff.[3] Since then, this trend has continued (with significantly more national professionals) and an improving gender balance (50 per cent of the growth in posts was met by female professionals).

12. As of February 2008, professional posts at all levels that included 'evaluation' in the job title had incumbents in 85 country offices. Table 1 shows changes between February 2006 and March 2008 in the number of monitoring and evaluation officers at level 3 posts and higher, with a breakdown by gender.[4]

Table 1
Number of monitoring and evaluation officers at level 3 posts and higher, 2006-2008

	2006	*2008*	*Change (%)*
International professionals	45	50	+11%
National professionals	23	40	+74%
Total professionals	68	90	+32%
Professionals in field offices	56	76	+36%
Female professionals	27	38	+41%

13. In practice, evaluation represents a small proportion of the duties for many of these staff, as they are also responsible for planning, surveys, statistics and policy analysis.

14. Regional offices have recruited regional coordinators for the multiple indicator cluster surveys (MICS), which should allow regional monitoring and evaluation officers to pay more attention to evaluation and research.

15. At headquarters, the Evaluation Office had six professional and three support positions in 2005. In 2006-2007, there were eight professional and three support positions. For 2008-2009, there will be nine professionals, two junior professionals and three support posts, with the hope of adding one or more professionals from other resources support. In addition, several parts of the Programme Group have increased their internal evaluation and research staffing.

[3] E/ICEF/2006/15, Report on the evaluation function in UNICEF, 5 April 2006.
[4] Level 3 is the desired minimum level to ensure systemic competence.

Allocation of financial resources

Country and regional levels

16. Starting in 2006, the programme coding system was refined to capture evaluation spending more accurately. As this coding is relatively new, the figures on spending on evaluation and related activities at country and regional levels presented in Table 2 may be indicative.

Table 2
Indication of spending on evaluation and related activities at country and regional levels (2006-2007)

	(In millions of United States [US] dollars)		
	2006	*2007*	*Trend 2006-2007*
Spending on evaluation	7.97	10.13	+27%
Comparator: Overall UNICEF programme spending	2 120.00	2 520.00	+18.9%
Related spending: analysis, research	27.90	34.14	+22.3%
Related spending: data collection, databases, surveys and statistics	24.70	25.97	+5.1%

17. The average amount spent per completed evaluation was $32,137 in 2006 and $41,012 in 2007, representing an increase of 27.6 per cent.

18. The Board has requested information on the sources of funding for evaluation. Table 3 summarizes the funding sources of spent amounts at the country and regional levels for 2006-2007.

Table 3
Sources of funding for amounts spent for evaluation, 2006-2007

Source of funding	*(In millions of US dollars)*	*Percentage*
Regular resources	7.0	38.7%
Other resources — non-emergency	7.9	43.7%
Other resources — emergency	3.2	17.6%
Total	**18.1**	**100.0%**

Headquarters level

19. The automated financial system used at headquarters does not capture the spending on evaluation and related activities by divisions other than the Evaluation Office. Table 4 summarizes the financial resources made available to and used by the Evaluation Office. However, these resources represent only a part of the spending on evaluation at headquarters level.

Table 4
Evaluation Office spending, 2006-2007

	(In millions of US dollars)		
	2006	*2007*	*2006-2007*
Support budget — staff and related costs	1.579	1.595	3.174
Regular resources budget	0.336	0.467	0.803
Other resources ceiling — except tsunami	2.500	2.500	5.000
Spending on evaluations — all except tsunami	1.300	0.759	2.059
Spending on evaluations — tsunami	0.616	0.484	1.100

20. Spending at the headquarters level on evaluations not related to the tsunami was $2,059,000 during the biennium.

Table 5
Evaluation Office allocations and available resources, 2008-2009

	(In millions of US dollars)		
	2008	*2009*	*2008-2009*
Support budget — staff and related costs	1.743[a]	1.821[a]	3.564
Regular resources budget	0.95[a]	0.95[a]	1.900
2008-2009 other resources authorized ceiling			7.500[a]
2008-2009 available OR — all except tsunami			2.186[b]
2008-2009 available OR — tsunami			1.225[b]

[a] Allocations for the biennium 2008-2009 approved by the Executive Board.
[b] As of April 2008. An update will be presented at the time of the Executive Board session.

21. The Evaluation Office has seen a doubling of its regular resources for the biennium 2008-2009. To a large extent, these resources are used to provide systemic support to the evaluation function at all levels. Moreover, external evaluations are expensive; additional funding would be required to carry out more than one major evaluation per year. To conduct global evaluations, the Evaluation Office is largely dependent on funding from other internal stakeholders. It is expected that there will be additional financial partnerships with the programme group in the next biennium to meet IMEF commitments and other objectives.

B. Trends in numbers of evaluations and improvement of their quality

22. In compliance with the request of the Executive Board to be more selective in conducting evaluations, UNICEF reduced the number of evaluations by 15.5 per cent from 2004-2005 to 2006-2007, continuing an earlier trend that saw an 18 per cent reduction between 2002 and 2005.

Table 6
Trends in numbers of evaluations (2004-2007)

	Evaluations	*Studies and surveys*
2004	295	685
2005	291	649
Total (2004-2005)	**586**	**1 334**
2006	248	732
2007	247	752
Total (2006-2007)	**495**	**1 484**
Change (2006-2007 versus 2004-2005)	**-91 (-15.5%)**	**+150 (+11.2%)**

23. The average UNICEF country office conducts 1.5 to 2 evaluations and 5 studies and surveys per year, permitting most major programmes components to be evaluated once during a programme cycle, an important requisite for strategic decision-making and a requirement of the revised evaluation policy.

24. An analysis of the number of evaluations conducted in the five MTSP focus areas offers some insight into the evaluation function and its strategic links to achievement of the Millennium Development Goals.

Table 7
Evaluations conducted in the focus areas of the UNICEF MTSP (2006-2009) in 2006-2007

Focus area	*Number of evaluations*	*Percentage of total evaluations*	*Programmes/themes*
Young Child Survival and Development	138	28%	Health; immunization; nutrition; and WES
Basic Education and Gender Equality	96	19%	Education; early childhood development
HIV/AIDS	66	13%	HIV/AIDS; youth and adolescents; life skills
Child Protection	61	12%	Child protection
Policy Advocacy and Partnerships	38	8%	Social policy; gender
Other evaluations	96	20%	
Total	**495**	**100%**	

25. The utility and use of evaluations depend to a great extent on their quality; accordingly, the improvement of the quality of evaluations is an organizational goal. UNICEF has developed evaluation reporting standards to serve as a transparent tool for quality assessment of evaluation reports produced at all levels. The standards are used to assess and rate evaluations for inclusion in the UNICEF Evaluation and

Research Database,[5] which serves as a learning tool. The UNICEF standards draw from, and complement, the *Norms and Standards for Evaluation in the United Nations System* (2005), published by the United Nations Evaluation Group (UNEG).

26. The percentage of evaluation reports rated 'satisfactory' or higher has increased from 67 per cent (2000-2002) to 84 per cent (2006). This means the rate of unsatisfactory evaluations has dropped by half and shows that quality-enhancement efforts are taking hold, even though there is still much room for further improvement.

III. Strengthening the evaluation function in UNICEF

A. Monitoring and evaluation at the decentralized levels

Overall efforts to strengthen the evaluation function

27. Some regions are preparing overarching strategies, incorporating the elements necessary for strengthening the evaluation function:

(a) Central and Eastern Europe/Commonwealth of Independent States (CEE/CIS): improved management attention to evaluation; technical evaluation competencies; and knowledge management of evaluation findings;

(b) The Americas and Caribbean Regional Office (TACRO): capacity strengthening; building a United Nations evaluation network; improved use of evaluation findings; preparation of management responses to those findings; partnerships with United Nations agencies and academic institutions;

(c) Eastern and Southern Africa Regional Office (ESARO): resource allocation; linkages with other stakeholders; strategic planning; and management response;

(d) Middle East and North Africa (MENARO): annual reviews of evaluation plans of country offices, identification of competent evaluators; and quality assurance on terms of references.

Strengthening the evaluation capacity of staff and national counterparts

28. Regional and country offices have supported the organization of the UNEG-UNSSC introduction course on evaluation at the regional level. For example, the West and Central Africa Regional Office (WCARO) helped organize the course for francophone Africa, held entirely in French (Mali, April 2008) and TACRO did the same for the Spanish-speaking countries in its region (Panama, March 2008). ESARO has also organized this course (Rwanda, March 2008). Ninety-four UNICEF staff members from regional and country offices have attended the introduction course. More specific capacity-building measures include efforts in the CEE/CIS region to promote the use of policy evidence produced by national monitoring and evaluation systems. The South Asia Regional Office (ROSA) continues its collaboration with the World Bank Institute to establish evaluation

[5] The UNICEF Evaluation and Research Database can be accessed online (http://www.unicef.org/evaldatabase/index.html).

training in South Asian academic institutions as a sustainable capacity-development measure.

Guidance, technical support and quality assurance

29. Regional offices are making strong efforts in providing technical assistance and quality assurance to country offices. For example, WCARO is planning to develop and implement a quality assurance system for evaluations. The East Asia and Pacific Regional Office (EAPRO) and ROSA have created an Evaluation and Knowledge Management Cluster, headed by a senior evaluation adviser, in order to assist country offices in ensuring a higher quality of evaluations.

30. ESARO has created a technical assistance mechanism through which prompt and appropriate support on monitoring and evaluation is provided to country offices. Country offices submit requests that are entered online and responded to either directly by the regional office or by referrals to appropriate consultants or research institutions. United Nations country teams can send requests for joint support to the regional directors team secretariat. In a further effort towards quality assurance of evaluations, the regional office is regularly reviewing terms of reference, and is planning, in consultation with country offices, to establish a regional evaluation terms of reference review panel to ensure wider consultation for quality assurance.

31. The CEE/CIS regional office set up in 2008 — on an experimental basis — a regional monitoring and evaluation facility, an innovative and client-oriented system delivering quality and real-time technical assistance. The facility delivers 13 services, including access to preselected consultants; technical helpdesk; country-level training (tailored to country-specific needs); and real-time feedback on draft evaluation terms of reference and reports. Following the recommendations of the Executive Board on the new evaluation policy, the system will also incorporate the tracking of management responses for major evaluations.

Exchange of knowledge and good practices as well as evaluation capacity development

32. Sharing of experiences is an important feature of the work of the regional offices. ESARO has forged partnerships among country offices for shared evaluations, including an assessment of MICS nutrition data quality, and an evaluation of the impact of social cash transfers. The pooling of resources and use of external reviews has led to higher-quality work. ROSA is providing leadership within the region by improving access to high-quality evaluations for programme improvement, including a review of maternal and neonatal mortality. CEE/CIS has commissioned regional thematic evaluations of the child care and juvenile justice systems to provide evidence to Governments and other key stakeholders on what works for policy reform for children.

33. Several regional offices have supported the establishment of both regional and national evaluation networks and evaluation institutions. A database of all potential and credible evaluators is being established in the CEE/CIS and MENA regions. The CEE/CIS regional office worked with various partners in activities related to knowledge and exchange of good practices, including the World Bank, the International Development Evaluation Association, the International Programme Evaluation Network and the European Evaluation Society. EAPRO and ROSA have assumed a leading role in the establishment and maintenance of the inter-agency

United Nations Evaluation Development Group for Asia and the Pacific. Since 2005, WCARO has supported the creation or the reinforcement of national monitoring and evaluation networks in Mauritania and Senegal, as well as in Mali and the Democratic Republic of the Congo.

B. Role and contribution of the Evaluation Office in strengthening the evaluation function

34. The Evaluation Office at New York headquarters provides oversight and systemic leadership of the evaluation function of UNICEF. The evaluation policy stipulates that leadership is provided in the development of approaches and methodologies for policy, strategy, programme, project, institutional and thematic evaluations. The Evaluation Office also issues corporate guidance on evaluation practice, provides quality assurance and reports on the implementation of accepted evaluation recommendations from global thematic and institutional evaluations.

35. To improve evaluation quality, the Evaluation Office is investing a major share of its increased regular resources in new initiatives to ensure that evaluation staff has the required competencies. Initiatives include a global recruitment exercise to generate a pool of quality monitoring and evaluation applicants, as well as testing of existing monitoring and evaluation staff, and the development of Web-based self-training packages. A global helpdesk will be created in New York, including a renewed Intranet portal, a reference desk for accessing experts and a facility for building up a 'community of practice' to stimulate support and exchange among monitoring and evaluation staff.

36. UNICEF is an active member of the United Nations Evaluation Group (UNEG) and contributes to the promotion of accountability and coherence of the United Nations and international evaluation systems. One major UNEG milestone with regard to the harmonization and professionalization of the evaluation function in the United Nations system is the development of a core training programme in evaluation. UNEG will partner with UNSSC to develop and deliver a proposed UNEG-UNSSC evaluation training programme.[6]

37. Since 2001, the Evaluation Office has developed a methodology to evaluate country programmes in cooperation with field offices and national partners and with support provided by the Department for International Development (DFID) of the Government of the United Kingdom. Seven pilot country programme evaluations have been concluded.[7] In its decision 2008/4 of February 2008, the Executive Board called on UNICEF to continue to conduct evaluations of operations at the country level in close consultation with the national Government and to assist governments in the development of national evaluation capacities. Such country-level evaluations are increasingly conducted within the inter-agency context; examples include the evaluation concerning the role and contribution of the United Nations system for South Africa (in the country itself, within the African regional context and at the global level), and the evaluation of the 'Delivering as One' country pilots.

[6] For more information, please see the UNSSC website (http://www.unssc.org).

[7] Evaluations have been concluded for the Islamic Republic of Afghanistan, Cambodia, Côte d'Ivoire, Ecuador, Mauritius, Morocco, Pacific Island countries and Peru.

38. In cooperation with the UNICEF Office of Internal Audit, the Evaluation Office is developing a new tool, called Programme Performance Assessment, to measure the contribution of country offices to national development and humanitarian efforts. The approach is being developed in a number of pilot countries and will be reviewed after 18 months.

IV. Major evaluations[8]

A. Country and regional levels

Central and Eastern Europe and Commonwealth of Independent States

Joint country-led evaluation of child-focused policies in the social protection sector in Bosnia and Herzegovina

39. The evaluation of child-focused policies implemented within the 2004-2007 national Mid-Term Development Strategy (MTDS) of Bosnia and Herzegovina aimed at informing the design of new national social protection policies and assessing the contribution and future role of UNICEF. At the request of the Government, an assessment of the performance of the donor community was also included.

40. The evaluation showed that the national MTDS provided a good platform for national and international stakeholders to engage around priority issues, such as social protection. However, it also revealed that the social protection system was affected by a number of constraints related to governance. Policies for the social protection sector were defined at the district and municipality levels but lacked strong national coordination; this prevented a clear identification of effective entry-points to influence sector-wide policy.

41. The UNICEF-supported interventions, such as the child protection system reform at central and local levels, created a momentum for driving policy change. UNICEF support to strengthen feedback of local experiences to central-level policymakers through the municipal management boards was assessed positively.

42. The Government took the opportunity of the joint country-led evaluation to also assess external donors' support to governance. The evaluation revealed that a number of surveys were funded by donors as part of the national MTDS process to address the lack of statistical data on poverty. However, the evaluation concluded that, donors would need to support the Government to lead in policy analysis, data collection and monitoring.

43. UNICEF played an appropriate and relevant role in strengthening national monitoring and evaluation systems. By successfully engaging government partners at the state level, the emphasis shifted to a more demand-led approach and, consequently, strengthened the policy dialogue, especially regarding social protection for children. The potential of UNICEF for furthering dialogue at the policy level, was, however, not fully recognized by all partners.

[8] To enhance independence and impartiality, evaluations are usually conducted by external consultants and research institutions, which include to the greatest possible extent those from programme countries. Evaluation reports can be accessed online through the UNICEF Evaluation and Research Database (http://www.unicef.org/evaldatabase/index_43539.html).

44. Recommendations from the joint country-led evaluation are already used for the preparation of the new country development and social inclusion strategies this year. In addition to focusing on the needs of families with children, the Directorate of Economic Planning will also strengthen the monitoring system for these strategies as recommended by the joint country-led evaluation. In response to the recommendation to develop a more efficient aid coordination mechanism, an Aid Coordination Unit is being created within the Ministry of Finance.

Regional thematic evaluation of the contribution of UNICEF to child care system reform in Central Asia

45. UNICEF has supported child care system reforms in Central Asia since the mid-1990s. Thanks mainly to the United Nations Trust Fund for Human Security, launched by the Government of Japan and the United Nations Secretariat, work intensified in 2004-2007. The objective of the evaluation was to analyze and monitor the effectiveness, efficiency and sustainability of the ongoing child care system reforms and the contribution of UNICEF.

46. The evaluation was carried out by an independent consultancy firm over a period of six months in 2007-2008 in five countries: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Missions were carried out in each country, and involved interviews, focus groups, discussions with key stakeholders and site observations.

47. The findings showed that the reform of the child care system had gained momentum and was still in progress. In many countries, governments took action to reform policies and approved new primary legislation on child care. However, secondary legislation and regulations were far less advanced. There were some concerns about funding to implement the planned changes in public administration. It was noted that, in some instances, programmes had begun to address the question of financial sustainability at the highest level. In Kazakhstan, changes in the budget process in the interest of children were discussed, and in Kyrgyzstan, UNICEF successfully negotiated with the European Union on including significant budget support for the planned nationwide rollout of Family and Child Support Departments.

48. The evaluation stressed the need to ensure that resource planning becomes an integral part of policy processes. This would entail working on major cross-sectoral issues, such as decentralization policy, employment opportunities and the budget process. Furthermore, UNICEF should develop closer links with partners who have a comparative advantage in economic development.

49. UNICEF should consider supporting Governments in regular monitoring of policy implementation and identify resources or liaise with other development partners who can ensure that this monitoring capacity gap is filled. UNICEF should also help Governments to promote systematic analytical activities and to improve national analytical capacity on child care issues, among both government and non-government domestic stakeholders.

50. The evaluation highlighted several factors that contributed to successful deinstitutionalization in different countries: (a) the need to focus on the entire policy cycle, from policy development to policy implementation and monitoring; (b) the provision of alternative employment options to staff of residential child care

institutions; (c) the availability of alternative services for children; (d) the management of pilots in both favourable and unfavourable environments; and (e) public support for deinstitutionalization.

51. Evaluation findings and recommendations will be used to inform future reform efforts and also to further develop synergies with key partners (the Asian Development Bank, the European Union and the World Bank) and the public administration reform processes of Governments, as part of national poverty reduction strategies. A high-level consultation on child care system reform with Governments, key donors, regional experts and neighbouring countries is scheduled for early 2009 and aims to accelerate and refocus reform strategies based on the evaluation findings and recommendations.

East Asia and the Pacific

Evaluation of the UNICEF response in the emergency and initial recovery phases of the 2007 earthquake and tsunami disaster in the Solomon Islands

52. On the morning of 2 April 2007, a large earthquake and subsequent tsunami destroyed or severely damaged 304 villages across the Solomon Islands. The disaster killed 52 people and directly affected 36,500 more, around half of whom were children.

53. Alongside other partners, UNICEF acted swiftly in support of the Solomon Islands Government. The effort represented the first large-scale emergency response of UNICEF in the Pacific. After immediately deploying emergency staff to the country and initiating an international funding appeal, UNICEF consulted with Governments and drew up a detailed Emergency Management Plan based on its Core Commitments for Children in Emergencies.

54. The evaluation found that the overall response of UNICEF to the disaster had been relevant, appropriate, to some extent effective (intervention coverage was variable) and relatively efficient, with some major outcomes meeting a number of the anticipated results of the Core Commitments for Children in Emergencies. There was strong coherence among programmes that were part of the response, and there are good prospects for the sustainability of several key interventions. Given the lack of experience in responding to a large-scale emergency, the UNICEF Pacific Islands country programme has done well overall, and has excelled in some areas. Nevertheless, the crisis highlights significant weaknesses in the programme's existing capacity to respond to large-scale emergencies in the Pacific. Its preparedness for future disasters and its response to the ongoing disaster in Solomon Islands need to be strengthened.

55. The evaluation provided recommendations to address the gaps and constraints: retain, for the short term, a strong presence in the affected areas; undertake a vulnerability needs assessment and a mapping exercise to locate communities in need of support; engage proactively on HIV and child protection issues; review staff safety; and provide training in sea survival skills. It recommended that, over the following year, a health and nutrition baseline survey be undertaken and efforts be made to streamline supply and financial procedures. Another set of recommendations was developed to guide implementation during future emergencies, including the establishment of clear performance benchmarks and reporting mechanisms for procurement and delivery of supplies, prepositioning of

supplies, and mapping and pre-identifying preferred transport options against various scenarios.

Evaluation of early childhood care and education programmes in Cambodia

56. The evaluation examined the effectiveness of different childhood care and education (ECCE) programmes in Cambodia promoting children's preparedness for school, and recommended strategies that would contribute to their improved effectiveness, sustainability and expansion. Four different programme types were assessed: state preschools, private preschools, community preschools and home-based programmes. The vast majority of the children are enrolled in the state preschools.

57. Despite the low enrolment rate of 28 per cent, there is a strong demand for ECCE in Cambodia. Children who participated in early childhood programmes had significantly better developmental functioning than children in the control group. Children in state preschools had significantly better functioning at pre-test and post-test than children in the other three groups. No significant differences were found between children in community preschools and home-based programmes.

58. Community-based ECCE programmes have been successful in achieving positive outcomes, not only for children and their families, but also for the wider community. Given the momentum that exists, effective investment at this time should result in ECCE programmes becoming acknowledged as integral to community development.

59. Positive spin-off effects of enrolment in early childhood programmes include on-time enrolment in grade 1 and lower rates of grade retention in the primary grades. Further, children's attendance in ECCE programmes may bring about family involvement and community participation in early childhood learning.

60. Given the objectively measured beneficial effects of ECCE on the development of young children, the evaluation made a number of recommendations: continue efforts to create demand for ECCE; increase low-cost or no-cost access and enrolment by providing services close to where the child lives; and encourage enrolment of children at an early age, preferably before they are four. While children benefit most from government-run ECCE programmes with trained teachers, where this is not feasible for reasons of human and financial resources, community-based or home-based programmes are a valuable alternative.

61. It will be necessary to increase government funding for ECCE programmes, while community involvement is crucial for the sustainability of the ECCE activities. UNICEF should focus on strengthening community capacities to deliver quality ECCE services and advocate with the Government for additional resource allocations for service expansion and teacher training.

Eastern and Southern Africa

Evaluation of the project on improvement of household food security and *woreda* [district] integrated basic services in the Oromia and Tigray regions in Ethiopia

62. Well in advance of the current worldwide food price increase, UNICEF has been supporting the Government of Ethiopia since 2001 to improve household food security in the Oromia and Tigray regions through the 'Improvement of household

food security and *woreda* integrated basic services' project funded by the Belgian Survival Fund (BSF/WIBS). An evaluation of BSF/WIBS, conducted in 2007, concluded that the most effective elements were the household microfinance and revolving livestock funds, the construction of educational and health facilities, and the training and awareness-raising of Government and programme staff, health workers, teachers, and community members. The evaluation detected improvements in quantitative indicators of food security, health, and water access. In addition to building administrative capacity at the local level, qualitative interviews and focus group discussions indicated that the BSF/WIBS programme instilled a strong sense of ownership, optimism, and self-sufficiency within the community.

63. The evaluation recommended that future project activities be prioritized by the communities in order of their perceived importance. It also emphasized the urgent need to develop a strong monitoring information system for the next phase of the project. The prevention and mitigation of shocks due to recurrent droughts, which affect the project implementation, should be taken into account in the design of all food security interventions in the future. To ensure sustainability, the evaluation recommended that community-based nutrition be implemented as part of the health extension programme of the Ministry of Health, with continued attention paid to household food security in partnership with the Food Security Bureau of the Ministry of Agriculture and Rural Development.

64. The findings and recommendations from this evaluation are already being used to design the community-based nutrition component of the Ethiopian National Nutrition Programme, formulated by the Government in 2007. The National Nutrition Programme now places significant emphasis on building a community-led system of identifying and referring malnourished children through community dialogue, facilitated by volunteer community health workers and supportive supervision by service providers and local government officials. The Ministry of Health and the Ministry of Agriculture and Rural Development are already deliberating on how to implement community-based nutrition within the health extension programme, as recommended by the evaluation. Thus, the evaluation provided the evidence needed for a welcome strategic shift in implementation approach towards integration as part of a high-impact package.

Evaluation of the joint United Nations Emergency Health, Nutrition and HIV/AIDS programme in North and North Eastern Uganda

65. Conflict due to the Lord's Resistance Army insurgency and cattle rustling in Northern Uganda has resulted in internal displacement of the population, insecurity and breakdown of health and socioeconomic infrastructures. The United Nations Emergency Health, Nutrition and HIV/AIDS programme in North and North Eastern Uganda — a joint programme of UNICEF, the United Nations Population Fund (UNFPA), the Word Food Programme (WFP) and the World Health Organization (WHO) — started in January 2006, with funding from the Department of International Development (DFID) of the Government of the United Kingdom.

66. An evaluation of this joint United Nations programme was conducted in July and August 2007, to identify early programme effects, unmet short-term humanitarian needs and key opportunities and challenges. The methods used during this evaluation were interviews with stakeholders and document review.

67. The programme increased childhood immunization, vitamin A supplementation and deworming coverage. However, progress on improvements in health infrastructure has been relatively slow. Acute malnutrition rates have fallen below the emergency threshold of 10 per cent, but have increased in return areas in some districts. There have been significant improvements in access to services for prevention of mother-to-child transmission of HIV. However, the evaluation found limited evidence of scale-up in adolescent health, emergency obstetric care or sexual and gender-based violence services.

68. The evaluation highlighted both benefits and challenges associated with joint United Nations programming. The joint programme helped to clarify United Nations agency mandates, determine appropriate roles (based on comparative advantage), improve communication and strengthen joint planning. However, the joint programming increased transaction costs for the United Nations agencies, since considerable time was required for joint planning and proposal development. Differences in planning cycles, operational procedures and reporting systems were also noted as challenges.

69. The evaluation recommended that the United Nations should work closely with the Ugandan Ministry of Health to develop and implement additional innovative approaches to address shortages of specific cadres of personnel, while putting an emphasis on the provision of emergency obstetric care at all level 3 health centres, and on community education on nutrition, use of insecticide-treated mosquito nets, family planning, and HIV prevention. The Joint United Nations programme should also plan ahead to hand over responsibility for the health management information system and emergency preparedness and response to the district governments in Northern Uganda.

70. The findings and recommendations of the evaluation helped shape the UNICEF planning and response for the remainder of the country programme (2008-2009) in Northern Uganda. The programme will be more closely aligned with the Uganda child survival strategy, making a transition from humanitarian relief to recovery by strengthening the capacity of the health delivery system. UNICEF is working together with the other three United Nations agencies to develop a joint proposal to support the Ministry of Health in this way.

Middle East and North Africa

Evaluation of training and capacity-building activities undertaken between 2003 and 2006 by the UNICEF Morocco country office

71. The evaluation of the Morocco country office covered a large sample of training activities that were delivered through all UNICEF-supported programmes, such as education, health, support to children in rural settings, as well as monitoring the Convention on the Rights of the Child and child protection projects. It examined the relevance, quality and impact of the training activities supported by UNICEF and aimed at drawing lessons and providing recommendations to improve the capacity-building component of future programmes, particularly for the period 2007-2011.

72. The evaluation highlighted the main strengths and weaknesses of the training component in the previous cooperation cycle 2002-2006. One of the strengths identified by this evaluation was that training encouraged the introduction of

improvements, innovations and new practices, and also supported the success of the pilot projects initiated as part of the programme. Shortfalls included the lack of coordination among the different programmes supported by UNICEF and the lack of a monitoring and evaluation system to track training results and their impact on the quality of the programme.

73. The main conclusions drawn from the evaluation related to capacity-building and training strategy, recommending that there should be a more systematic focus on supporting decentralization and consolidating the capacities provided by local and regional partners. Also, training should be part of the planning exercise in order to devote sufficient time to needs assessment, identification of the training audience, expected results and the development of a monitoring and evaluation system to track results of the training and to follow up on training workshops in the field.

Evaluation of the female genital mutilation/cutting abandonment programme undertaken by the UNICEF Egypt country office

74. The female genital mutilation/cutting (FGC) abandonment programme seeks to contribute to the national dialogue on FGC, promote regional exchanges, and support non-governmental initiatives to prevent FGC at the subnational level. It is based on the 'positive deviance' approach, which focuses on identifying individuals within local communities who chose not to practice FGC, and builds on their experiences to encourage other community members to abandon the practice. It is implemented in 40 communities in four governorates in Upper Egypt, in partnership with four partner non-governmental organizations (NGOs) and with the support of 20 local NGOs at the community level.

75. The evaluation of the FGC abandonment programme was piloted by UNICEF in partnership with the Centre for Population and Development Activities. It examined the implementation and results of project activities and interventions of the FGC abandonment programme in three key areas: programme relevance; effectiveness; and efficiency. The methodology of the evaluation was mainly qualitative analysis (interviews; focus group discussions; and case studies), supplemented by an analysis of project documents.

76. The evaluation revealed that the programme is criticized for ignoring more pressing community needs, such as poverty and unemployment, and focusing on an issue that many community members do not feel is equally relevant to their needs. Thus, it recommended that the message on FGC should be part of larger awareness activities related to hygiene, health, nutrition or child care, and that a service provision component be integrated into the project. Additional recommendations included counselling for women who went through FGC with regard to problems in sexual marital relationships (preferably together with their husbands); educating different groups in the community and sensitizing them to FGC issues; building capacity within the community; and developing partnerships with NGOs at governorate and community levels and with the Government in order to establish open communal dialogue on this once-taboo issue.

South Asia

Evaluation of the joint United Nations response to the tsunami in India

77. The evaluation of the United Nations response to the tsunami in India covered both programme results and the experience of the United Nations team for Tsunami Recovery Support (UNTRS) in running a joint recovery operation following the Indian Ocean tsunami of 26 December 2004. The recovery framework included 11 joint projects, with a lead United Nations agency for each one. The UNTRS spent about $46 million on this operation over the last three years, of which 60 per cent came from UNICEF funding.

78. UNTRS has put inclusive recovery at the heart of its advocacy work. Recruitment delays may have reduced the potential impact of UNTRS on the reconstruction process, especially in relation to shelter and the environment, but less so with regard to health and education. In Tamil Nadu, initiatives in relation to child rights and improved education and health services, especially with regard to HIV/AIDS, have been more successful than initiatives related to sanitation, livelihoods, and the environment.

79. Though very well conceived and generally well supported in India, it has proven challenging for the UNTRS to operationalize the concept of 'delivering as one'. There should be a greater commitment to institute simple but rigorous common planning, monitoring, and reporting systems in any future joint United Nations recovery operation. The report also recommends that donors should support the overall operation and not earmark their donations to specific projects when the United Nations is 'delivering as one' in the joint response to the tsunami.

Latin America and the Caribbean

Evaluation of the Ecuador country programme

80. The Ecuador country programme evaluation was conducted in 2007 by the Facultad Latinoamerica de Ciencias Sociales (Latin American Faculty for Social Sciences), a regional academic institution, which also has an office in Ecuador. The evaluation, representing an important advance in national ownership and capacity development in evaluation, was supported by the evaluation office and the regional office, with the full cooperation of the country office.

81. The UNICEF country programme 2004-2008, with its midterm review in 2006, had been developed within an unstable national context. In 2007, the new Government came to power on the basis of a strong social movement and an agenda for pro-poor policies, national sovereignty, and social mobilization. The country programme evaluation thus provided a critical input into the strategic repositioning of UNICEF in a radically different political situation.

82. The Ecuador country programme for 2004-2008 focused on advocacy and public policies. Given the lack of consistent government leadership during the earlier period, UNICEF played an important role in giving children's issues a high profile in national debate and policy dialogue. The UNICEF role in bringing together national actors of differing and sometimes conflicting standpoints is also documented. The evaluation showed that, during the 1990s and this decade, UNICEF played a key role in providing continuity to social policy initiatives, to institutional and policy strengthening, to networks, and to instilling an awareness of

and commitment to rights among key sectors of the population, resulting in advances in institutional and policy development.

83. Increased and consistent attention needs to be given to the implementation, operationalization and management of national policies, especially at the local levels. The country programme evaluation reports that the success achieved at the national policy level did not translate into results for children in the municipalities. The report notes the challenge of achieving these outcomes in the most excluded regions, where capacities are weakest and the reach of the national Government is also very weak. A special effort is required at the local level to reach the poorest in line with national policies.

84. The country programme evaluation was followed by a management response, which was immediately used for enhancing the UNICEF-supported country programme. By 2007, some 19 agreements on child rights had been reached at the provincial level, and 76 cantonal councils and 12 cantonal boards for child protection were established. The findings of the country programme evaluation are also an important input for the formulation of the UNICEF one-year bridging programme for 2009 and for the overall policy work of UNICEF.

Local governance and the rights of children and adolescents — an analysis of experiences in seven countries

85. The joint UNICEF-UNDP study on local governance and the rights of children and adolescents synthesizes experiences with the purpose of sharing good practices and tools for achieving children's rights and the Millennium Development Goals at the local level. Experiences were documented in seven countries: Argentina, Bolivia, Brazil, Colombia, Cuba, Dominican Republic and El Salvador.

86. The study is based on evaluations and assessments of several of the country experiences, and clearly describes the prerequisites for successful local mechanisms for addressing children's rights within the Latin American and Caribbean context. The inter-agency study analyzed seven local-level experiences with strategies and interventions for putting children's rights as a priority, and identified four key conditions for establishing good local governance based on child rights.

87. First, local governments require a strategic vision for developing long-term plans based on children's rights, with concretely defined results. Second, effective decentralization and some form of local autonomy tend to be more effective than depending on the political willingness to act on children's rights only. Third, for long-term action towards children and adolescents, it is important to develop regular dialogue among local political leaders and representatives from civil society, for example, by establishing municipal working groups and, based on such dialogue, obtaining concrete commitments from all parts of society to put children's rights at the top of the local agenda. The fourth condition for a sustained approach is the participation of the population, especially of children and adolescents, in planning, implementation, monitoring and evaluation of local action.

88. Another key finding of the study was that a fully transparent and credible certification process for local governments proves to be an important incentive for sustaining results towards full realization of children's rights at the local level.

89. This study proved to be instrumental in demonstrating good practices of governance based on child rights concepts at the local level, concretizing the theory

with some real experiences. Documenting and analyzing the seven examples in the study also enhances the learning across the region on the identified conditions for successfully achieving local-level action and results for children.

Western and Central Africa

Evaluation of the trafficking and child protection programme in West Africa

90. Funded by the Swedish International Development Cooperation Agency (Sida) from 2004 to 2007, the programme supported efforts aimed at child protection and the fight against child trafficking at regional and national levels, with a particular focus on Burkina Faso, Mali and Nigeria.

91. The findings of the evaluation highlight the important role of WCARO in the programme: providing country offices with technical assistance; organizing regional activities, and acting as a main hub of expertise with regard to macro-policy issues. The evaluation emphasizes the importance of the regional child protection strategy as a shift away from projects and programmes focusing on specific categories of vulnerability, towards a more comprehensive strategy focusing on the creation of protective environments for all children.

92. The findings suggest that interception and return, as practiced in the Burkina Faso and Mali programmes, are not always effective, and highlight the need for a stronger reintegration component. It is recommended to conduct a study on the determinants for child relocation in order to better target children at risk and to define more appropriate reinsertion and reintegration components.

93. The evaluation was not able to measure the impact of the programme on trafficking victims, since there was no appropriate follow-up. It recommends a tracing study of children and youth who have participated in the programme, to determine its impact and effectiveness.

94. As part of the follow-up to the recommendations of this evaluation, WCARO will ensure that the three country programmes implement their specific recommendations in order to improve the current programmes. Furthermore, WCARO is leading a strategic reflection and reframing process on how child protection is best approached and conceptualized. The programmatic shift and focus away from categories of vulnerability towards the creation of a protective environment for all children is groundbreaking. The programmes combating child trafficking should be recast into a broader framework, which acknowledges the right of children and youth to mobility.

95. A similar evaluation is being finalized for an anti-trafficking programme supported by the Government of Belgium and implemented in four countries: Ghana, Mali, Niger and Togo. Plans are underway for a synthesis of both evaluations at the country level as well as at the regional level, in order to maximize the use of the findings and recommendations and to share experiences with other countries in the region.

Evaluation of the joint project on educating adolescents for local and community development in Mauritania

96. Girls' education is a main priority in Mauritania. In 2002, it saw the launch of a joint project titled 'Educating adolescents for local and community development',

which focused on improving the transition of girls from primary schooling to secondary education and also on increasing their retention rates, to eventually empower girls and increase their participation in community and social development.

97. The project was a joint effort by five United Nations country team organizations — UNICEF, UNDP, UNFPA, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and WHO — together with the Mauritanian Government. Activities, covering four regions, were distributed among the different agencies. The final evaluation of the project was commissioned and funded by UNICEF in strong collaboration with the other four agencies involved.

98. Findings show that quantitative objectives of increasing girls' access, retention, and success rates in secondary education have been achieved, although retention rates have not increased significantly. Best results have been achieved in terms of support to transportation, infrastructure and improvement of school life, and development of school curricula. However, the results achieved have not led to the empowerment of girls or to an increase in their contribution to community development.

99. Social mobilization campaigns have provided ample knowledge of the social and cultural obstacles to girls' education, as well as potential solutions. Through these campaigns, the targeted communities have acquired relevant knowledge on reproductive health and life skills, which is likely to contribute to the empowerment of girls.

100. The evaluation recommended strengthening coordination among partners and ensuring the integration of the project into the overall country programme and the United Nations Development Assistance Framework (UNDAF). The project should go to scale by focusing on teacher qualifications; school infrastructures and equipment; mobilization of funds for transportation through income-generating activities; and establishing hygiene, health and environmental clubs. The evaluation underlined the importance of ensuring strong community ownership when planning the initiatives.

101. An inter-agency consultation was organized on the evaluation recommendations. The recommendations of the evaluation have been endorsed, and tasks and responsibilities have been distributed among the five agencies. Discussions and advocacy to define scaling-up strategies continue, and partners are planning to incrementally include new regions in the programme. However, the main goal is to get all parts of the Government fully involved and to integrate the project into the sector plan and its budget mechanisms.

B. Global level

Delivering as One

102. At the request of the Chief Executives Board of the United Nations system, the UNEG has initiated an evaluation of the processes and results related to the United Nations pilots of the Delivering as One initiative. The UNICEF Evaluation Office

co-chairs the management group of the heads of evaluation offices in UNEG[9] and plays an important coordinating role.

103. In the initial phase, between November 2007 and May 2008, the basic parameters for the evaluation of the pilots were defined, in close consultation with national partners, and evaluability studies were conducted in the eight Delivering as One pilot countries,[10] focussing on technical assessments of the design of the pilots and the mechanisms put in place for implementing the reforms.

104. The evaluability assessments have identified both process and substantive parameters that may guide evaluations in the future. Process indicators include national ownership and leadership; challenges related to system-wide inclusiveness; reduction of transaction cost; support from headquarters and from the regional level; and the 'Four Ones' (one programme; one leader; one budgetary framework; one office). Substantive parameters for an evaluation include relevance (uniqueness of the role and contribution of the United Nations system; strategic intent; responsiveness to national needs and priorities) and effectiveness (achievement of results at output; outcome and impact levels; adequacy of planning, monitoring and evaluation tools).

105. All the studies conducted in the eight countries suggest that national ownership and leadership are strong and that there is an alignment with national policies and strategies. Pilot countries now have more access to the full range of mandates, resources and expertise that can be made available by the United Nations system, including by non-resident agencies.

106. In all countries, efforts are made to better articulate the strategic intent of the United Nations system in vision statements describing the unique role and contribution of the United Nations system, based on its common comparative advantage. Logical links that relate focus areas and joint programmes to this common strategic intent are developed for the 'One Programme'. Frameworks for results-based management and monitoring and evaluation are also being developed. These improvements will make the pilots fully suited for evaluations, allowing for an assessment of the relevance and effectiveness of the role and contribution of the United Nations system.

107. The 'One Budgetary Framework' and the 'One Fund' are useful tools for the mobilization of resources that are required for the implementation of the 'One Programme' and subjacent joint programmes. The management of these resources is still hampered by diverse administrative and financial procedures in funds, programmes, specialized agencies and other entities of the United Nations system. These challenges require a greater degree of simplification and harmonization of

[9] The members of the UNEG Management Group are the Food and Agriculture Organization, the International Fund for Agricultural Development, the International Labour Organization, the United Nations Conference on Trade and Development, UNDP, the United Nations Department for Economic and Social Affairs; the United Nations Environment Programme, the United Nations Educational, Scientific and Cultural Organization, the United Nations Centre for Human Settlements; the United Nations High Commissioner for Human Rights, UNICEF, the United Nations Fund for Women, the United Nations Office on Drugs and Crime, the World Food Programme and WHO.

[10] The eight pilot countries are Albania, Cape Verde, Mozambique, Pakistan, Rwanda, Tanzania, Uruguay and Viet Nam.

business practices in the United Nations system as a whole. The bottlenecks need to be documented as carefully as possible.

108. In all pilot countries, there are plans to further rationalize the country presence, for instance, through co-location of resident organizations in one office. Attempts are made to reduce transaction cost through common shared support services (procurement; security; information technology; telecommunications). However, it is observed that no systematic data collection and analysis is in place to monitor and compare costs incurred before and during the pilots, which will make it difficult at a later stage to assess the reduction of transaction cost that is the result of the Delivering as One approach. There is also no clarity as to how savings on operational costs can be ploughed back into programme funding.

Programming priorities and operational strategies of the MTSP for 2006-2009

N.B. Annex 1 provides a status report on evaluations related to the Integrated Monitoring and Evaluation Framework (IMEF) from the medium-term strategic plan (MTSP) 2006-2009.

Evaluation of gender policy implementation in UNICEF

109. The evaluation of gender policy implementation in UNICEF was carried out between April and December 2007. A conference room paper concerning the planned follow-up action by UNICEF, together with an extensive summary of conclusions and recommendations of the evaluation, was made available to the Executive Board during the 2008 Annual Session (E/ICEF/2008/CRP.12). Building on existing achievements, the follow-up plan addresses the evaluation recommendations, focusing on improvements in a number of key areas: policy; strategy; accountability; staffing and gender expertise; capacity-building and training; development programme; integrating gender within an emergency context; financing gender mainstreaming; United Nations coherence; and engagement with partners.

110. The Executive Board decision 2008/10 requests UNICEF, inter alia, to present to the first regular session of 2009 a management response to all recommendations of the evaluation, including actions and timeframes for compliance, and to develop a tracking and monitoring framework to measure progress in implementation.

Tsunami evaluation

111. UNICEF has devised a comprehensive evaluation portfolio for its $657 million tsunami-response programme, covering eight countries in three regions and involving all MTSP focus areas. The portfolio has been devised to improve accountability and learning, while demonstrating the results achieved for children and women during the emergency, recovery and early development phases, and also to identify what more needs to be done to achieve the Millennium Development Goals in tsunami-affected areas.

112. UNICEF played a lead role in the steering committee of the Tsunami Evaluation Coalition, contributing to five inter-agency evaluations in tsunami-affected countries, completed in 2005-2006. In addition, UNICEF conducted independent evaluations of the response in Indonesia, Maldives and Sri Lanka. Published in May 2006, the report, *The 2004 Indian Ocean Tsunami Disaster:*

Evaluation of the UNICEF Response (Emergency and Initial Recovery Phase), included evaluation reports for Indonesia, Maldives and Sri Lanka, and a synthesis report for all affected countries. These reports were disseminated, together with the management response to recommendations from the three country evaluations.

113. The tsunami-related evaluation shifted focus, in 2007, towards preparing an impact assessment of the UNICEF response to the tsunami, using a three-phase process: comprehensive document review; evaluability assessment; and impact evaluation. Document reviews were completed for India, Indonesia, Sri Lanka and Thailand, to identify the areas directly and indirectly affected, to review available data, and to develop indicators for pre-tsunami and post-tsunami periods. The first 'evaluability' assessment focused on Maldives, since it will be the first country undergoing an impact evaluation. The assessment, which commenced in 2007, analyzed programmatic logic, reviewed available data with respect to country programme activities and provided recommendations on the timing and scope of the impact evaluation. The evaluability assessment also included a limited programme review, which yielded recommendations for further improvements in programme implementation.

114. Based on programming experience in Indonesia, Madagascar and Maldives, a lessons-learned review of UNICEF construction programmes aimed to inform UNICEF construction policy and guidelines. The review concluded with two major findings: (a) construction has been appropriately used as a powerful tool around which to build emergency response and recovery programmes; and (b) learning-by-doing, especially in the case of large-scale construction programmes, has demanded an extreme level of effort on the part of country offices. Two major recommendations emerged: (a) formulating a policy on construction is necessary to clarify the position and role of UNICEF on construction; and (b) establishing and disseminating guidelines would help country offices in their decision-making and risk-management through each step of the project cycle.

Humanitarian action

Inter-agency real-time evaluation of the response to the cyclone and floods of February 2007 in Mozambique

115. The real-time evaluation commissioned by a group of IASC agencies concluded that the response was successful overall, due to effective coordination and preparedness by the Government of Mozambique, the leadership role played by the UNICEF country office and other United Nations agencies, and the positive impact of the humanitarian reforms. The real needs for emergency relief were largely met for the populations affected by the cyclone and the floods.

116. The success of the emergency operation can be attributed directly to the high level of preparedness. The National Institute for Disaster Management of Mozambique provided strong national coordination. The emergency response clearly demonstrated that the disaster preparedness particularly with regard to the floods, paid off at both the community and the agency levels. Emergency response plans should be flexible and strategic in the selection of the supplies to be distributed.

117. The cluster structure offered a set of coherent and predictable points of contact for the Government with the international community; and a predictable interface

for agencies deploying into the country. The introduction of the cluster approach was uneven, but it did add to the quality of the response. Not all cluster leads had a presence in the field, limiting their ability to capture information from the field level or to support coordinated action. It was notable that the clusters regarded as the most successful had seen a large investment by the cluster leads.

118. CERF helped to ensure a rapid response, and coordinated a larger programme of assistance than would otherwise have been possible. The poor support for both the appeal launched by the International Federation of Red Cross and Red Crescent Societies and the United Nations Flash Appeal suggests that, without CERF, relief funds would have been significantly less, especially in the first month of the response. However, agencies need to prepare their CERF requests faster. NGOs appreciated the inclusive way in which UNICEF led the clusters, developed the CERF proposals and used partner cooperation agreements to rapidly disburse funding, even before CERF funds were received.

119. UNICEF was designated cluster lead for nutrition and water, sanitation and hygiene, and it shared leadership of the education and child protection clusters with the Save the Children Alliance. UNICEF was able to respond effectively due to a number of factors: the range of emergency experience of the Mozambique country team, adequate investment in preparedness and staff skills, strong links with the government administration and with NGOs, and a participative and inclusive manner of managing the cluster lead. The evaluation commended the internal review of the emergency response by UNICEF as a positive example of quality control, providing essential information for improving future performance as cluster leads.

Organizational performance

Strategic review of human resource management in UNICEF

120. Seeking to evaluate how well UNICEF is managing and enhancing its human resource capacity to reach its strategic objectives, the review was conducted between November 2005 and July 2006, and comprised four phases: (a) inception and rapid assessment, to quickly examine human resources management in UNICEF; (b) diagnosis, via a global staff survey and interviews and focus groups at the regional and country level in MENA, ROSA, WCARO and TACRO, and in New York; (c) strategic frameworks, building on the seven strategic levers of change for unblocking the human resources system of UNICEF so that deep and lasting change could be achieved; and (d) implementation, designed to kick-start the implementation of the levers of change.

121. The review found that while most staff were highly committed to the goal of UNICEF of helping the world's children and women, many were dissatisfied with the working environment. Internal UNICEF procedures, it noted, were characterized by significant levels of financial and other controls; risk was therefore managed to the point that it could possibly be stifling creativity and innovation, as well as emphasizing input-driven budgets to the detriment of programme delivery.

122. The review recommended that UNICEF adopt a framework for human resource management centred on line managers being accountable for managing people and performance. UNICEF should shift paradigms from 'control through budgets and bureaucracy' to one of 'strategy and policy frameworks, accountability, results and envelopes of resources'.

123. The review recommended the application of seven 'levers of change': (a) strengthening the roles and responsibilities of line managers; (b) effectively dealing with chronic underperformance; (c) developing a staffing strategy flexible enough to meet the organization's changing needs; (d) adopting a strategic approach to the management and development of talent; (e) strengthening, simplifying and aligning human resources management processes; (f) developing the Division of Human Resources and its professional human resources network as a strategic partner of senior management; and (g) reforming resource allocation processes to empower line managers, within clear frameworks.

124. A management response was produced in November 2006 through an Implementation Group chaired by the Deputy Executive Director (Operations) and supported by the Division of Human Resources. Additional funding has been provided to start implementation of the recommendations.

Evaluation of the supply function of UNICEF

125. The evaluation of the supply function of UNICEF assessed the efficiency, effectiveness and added value of services provided by the Supply Division, as well as the impact on children's access to essential goods, through supplies to programme countries, and the capacity-building of Governments. The evaluation focused on five pre-selected categories of supply products, and was conducted between May and November 2006. Eight country visits involved desk-based research and document reviews, quantitative and qualitative information gathering.

126. The evaluation concluded that the essential commodities supplied by UNICEF are providing a range of benefits for children, although it was not clear whether UNICEF is targeting the poorest of the poor through its supply function. The UNICEF supply chain has significant weaknesses in supply planning and in on-time delivery. In general, there is an absence of supply performance monitoring, and it is difficult to effectively manage or oversee the whole UNICEF supply chain and to deliver significant performance improvements. As it is likely that, in the future, UNICEF will receive more requests for assistance in building supply capacity, it will need to revise its approach and dedicate more resources to the supply function.

127. UNICEF procurement services are appreciated, when they are well-focused, and have potential for growth. UNICEF is not equipped to properly assess and understand the difference supplies make, as reflected by the agency's underinvestment in monitoring and evaluation.

Annex

Status of evaluations planned and conducted during 2006-2007

This annex covers all items contained in Annex 2 of the MTSP, all evaluations directly managed by the Evaluation Office, and a selection of important additional global-level evaluations.

The status of the evaluations is rated in the following ways:

Pending: still considered relevant but no action has been taken;

Mobilization: Terms of Reference finalized or under design; human and financial resources being gathered;

Implementation: field work underway or complete; analysis in process;

Completed: final report delivered; dissemination underway;

Superseded: original emphasis has shifted to a modified, higher priority;

Cancelled: removed from the active list for any given reason.

Evaluation title	Status as of March 2008	Comment
Evaluations and research listed in MTSP Annex 2: The Integrated Monitoring and Evaluation Framework (IMEF)		
1. The UNICEF contribution to improved infant and young child feeding[1]	mobilization	
2. Quality assessment of community-based ECD centres[1]	mobilization	
3. Impact of child-friendly schools[1]	implementation	
4. Life-skills education and HIV/AIDS transmission[1]	completed	includes assembling experiences of multiple agency partners.
5. Impact of psychosocial support in emergencies programming[1]	completed	changed emphasis to a monitoring and evaluation manual for use in resilience programmes.
6. Impact of children's participation on UNICEF policies/programming[1]	mobilization	
7. Parenting programming effects[2]	implementation	originally scheduled as research; has become a series of country-level evaluations.
8. Impact and systemic requirements of school fee abolition[2]	completed	
9. Impact of suppressive antiretroviral therapy on breast-feeding[2]	implementation	joint with WHO.
10. Country programme strategic lessons learned review (formerly country programme in national plans)[2]	superseded completed	originally 'child protection in national development plans'; changed to a meta-evaluation with far more rigorous analysis.
11. Methods to measure advocacy impact[2]	Pending	
12. UNICEF participation in budget processes for children (sector-wide approach: to development assistance; poverty-reduction strategy; etc.)[3]	Pending	
13. Effectiveness of child-to-child programmes[3]	implementation	has become a six-country operational research project focused on early child development and school readiness.
14. Corporate performance in gender mainstreaming[3]	Completed	

[1] Originally scheduled as a programmatic evaluation in MTSP IMEF, defined as an evaluation "to determine if a programming strategy central to MTSP success has an evidence basis of impact or is being implemented with high levels of effectiveness".

[2] Originally scheduled as a research theme in the MTSP IMEF, defined as "knowledge-building efforts important for developing effective future strategies, will include rigorous efforts to assess lessons learned by other partners".

[3] Originally scheduled as a corporate-level topical evaluation in the MTSP IMEF, defined as an evaluation "to determine if a cross-cutting programme theme is successful".

15. Corporate performance in humanitarian response[3]	completed	
16. Strategic review of UNICEF human resource management[4]	completed	
17. The UNICEF supply function[4]	completed	
18. UNICEF programme management guidelines/procedures/systems[4]	superseded	overtaken by organizational review and assessment of UNICEF business practices.
Selection of additional corporate level topical evaluations, including humanitarian crisis		
19. UNICEF support to mine action	completed	final title is 'Global Evaluation of Mine Risk Education'.
20. Management and technical quality of the multiple indicator cluster survey	implementation	
21. Global evaluation of UNICEF flagship publications	implementation	
22. The accelerated child survival and development programme	implementation	two phases completed; third phase nearing completion.
24. Real-time evaluation: Niger nutrition crisis	completed	carryover from 2005.
25. Real-time evaluation: Pakistan earthquake	completed	carryover from 2005; conducted jointly with other United Nations agencies.
26. Real-time evaluation: Pakistan floods	completed	conducted jointly with other United Nations agencies.
27. Real-time evaluation: Mozambique floods	completed	
28. Transition to impact: literature review and evaluability assessment	completed	four tsunami-affected country studies; another study is underway for mid-2008 completion.
29. How to respond better: policy implications arising from evaluation findings on the international response to the 2004 Indian Ocean tsunami	completed	synthesizes lessons of numerous country-level and regional-level tsunami evaluations conducted in 2005-2006.
30. A lessons learned review of UNICEF construction programmes in tsunami-affected areas	implementation	estimated completion date is second quarter of 2008.
Selection of additional organizational performance evaluations		
31. Review of UNICEF partnerships with civil society organizations	Completed	
Note: items 14, 16, and 17 in the MTSP IMEF list above are organizational performance evaluations.		

[4] Originally scheduled as an operational effectiveness evaluation, defined as an evaluation "to determine if the organization is internally efficient".